

CHEMIST & DRUGGIST

The newsweekly for pharmacy

July 3, 1993

Bee prepared



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Ministerial boost for OTC care

PSG by-election call answered

Zovirax sell-in underway with training support

Update: burns management

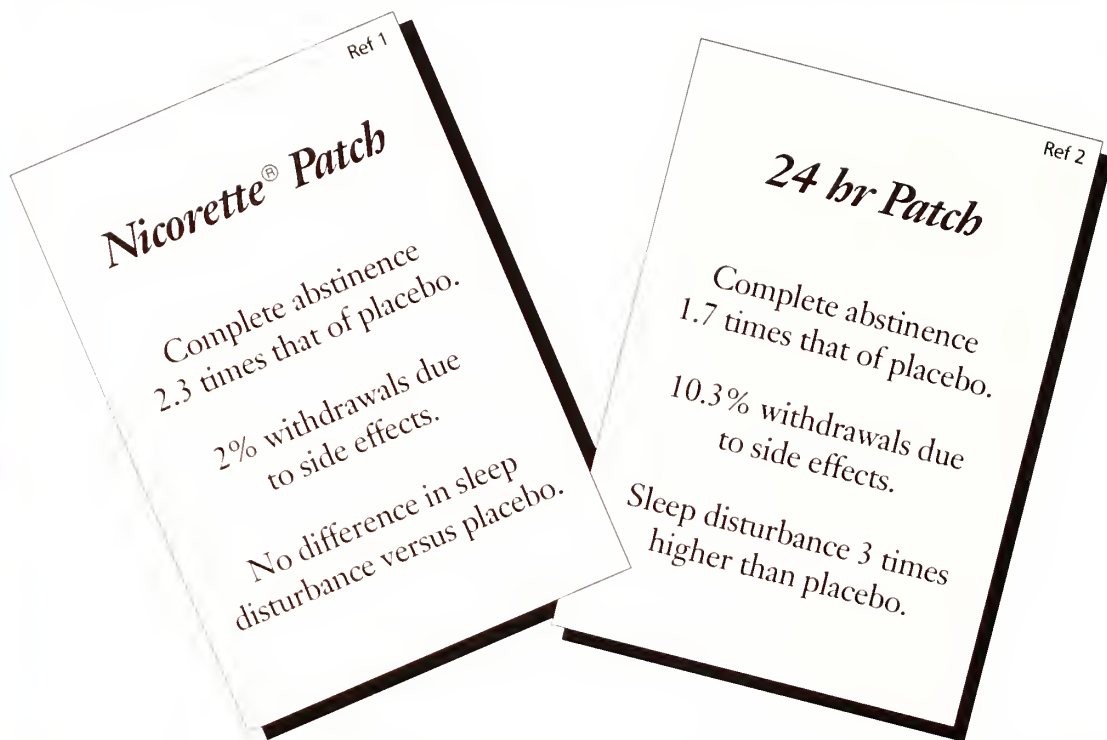
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Looking ahead to Christmas

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Abbreviated prescribing information

Nicorette® Patch 15 mg, 10 mg and 5 mg. **Presentation:** Transdermal delivery system available in sizes (30, 20 and 10 cm²) releasing 15 mg, 10 mg and 5 mg of nicotine respectively over 16 hours. **Indications:** Treatment of nicotine dependence, relief of withdrawal symptoms associated with smoking cessation. **Dosage and Administration:** Nicorette® Patch should not be used concurrently with other nicotine products and patients must stop smoking completely when starting treatment. The recommended treatment programme should occupy 3 months. One Nicorette® Patch should be applied to a dry, non-hairy area of skin on the hip, upper arm or chest in the morning and removed at bedtime. Application should be limited to 16 hours within any 24 hour period. Patients are recommended to commence with one 15 mg patch daily for the first 8 weeks. Patients who have remained abstinent should then be supported through a weaning period, consisting of one 10 mg patch daily for 2 weeks followed by one 5 mg patch daily for a further 2 weeks. Patients should be reviewed at 3 months and if abstinence has not been achieved, further courses of treatment may be recommended if it is considered that the patient would benefit. **Contra-indications, Warnings etc.:** Contra-indications – Non smokers, children under 18 years, pregnancy, lactation, known hypersensitivity to nicotine or component of patch. **Precautions:** History of angina, recent myocardial infarction or cerebrovascular accident, serious cardiac arrhythmias, systemic hypertension or peripheral vascular disease, history of peptic ulcer, diabetes mellitus, hyperthyroidism, pheochromocytoma, chronic generalised dermatological disorders. **Warnings:** Erythema may occur. If severe or persistent discontinue treatment. **Drug Interactions:** See full data sheet. **Side-effects:** Application site reactions (e.g. erythema and itching), headache, dizziness, nausea, palpitations, dyspepsia and myalgia. Other subjective sensations associated with smoking cessation or nicotine administered by smoking may occur. **Legal Category:** P. **Package quantities:** Cartons containing Nicorette® Patches in single sachets in the following quantities: Nicorette® Patch 15 mg (PL 0022/0105) – packs of 7 (£9.07) and 28 (£36.28). Nicorette® Patch 10 mg (PL 0022/0104) – packs of 7 (£8.36). Nicorette® Patch 5 mg (PL0022/0103) – packs of 7 (£7.20). **Full prescribing information available on request from:** Kabi Pharmacia Ltd, Davy Avenue, Knowlhill, Milton Keynes, Buckinghamshire, MK5 8PH. **References:** 1. Russell, MAH, et al. 8 Med J, 1993, 1305-12. 2. ICRF GP Research Gp, 8 Med J. 1993, 306,1306-8.


Kabi Pharmacia

CHEMIST & DRUGGIST

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EDITORIAL

Editor: John Skelton, MRPharmS
Deputy Editor: Patrick Grice, MRPharmS
Contributing Editor: Adrienne de Mont,
MRPharmS
Business Editor: Zachary Goldring, MSc
News Editor: Jane Feely, PhD, MRPharmS
Beauty Editor: Sarah Purcell, BA
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Publisher: Ronald Salmon, FRPharmS

PUBLISHING DIRECTOR

Director: Felim O'Brien

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Comment

Although community pharmacists reading the report of the PAGB annual meeting on p4 may find the words from the representatives of patients, family doctors and the Health Minister familiar, they would be advised not to treat them with the contempt familiarity is said to breed. While community pharmacy's core product and responsibility — the dispensing of NHS prescriptions — will remain key to the future of pharmacy and pharmacists, it is through the selling of over-the-counter medicines *professionally* that pharmacists have the most to gain materially and from public esteem.

It goes without saying that community pharmacists already exercise that same care for patients with NHS scripts. The physical act of dispensing is an ever-more mechanical art that the pharmacist should supervise but not perform. But the cerebral element of the procedure, to ensure the patient gets the right mix of medicines to deal with their condition *and* all the advice necessary to ensure compliance, becomes more complex and deserving of professional skills. The review by the pharmacist of incoming scripts and their delivery to patient or deliverer after dispensing should be done face to face.

Pharmacists who do this will then be ideally placed at

the medicines counter or consultation point to intervene as necessary when OTC medicine sales are made. The pharmacist present, able and willing to give advice, along with staff trained about medicines, are the only points of difference between a pharmacy, the drug store or the garage forecourt for GSL medicines. The PAGB survey into the impact of open GSL display (C&D June 19 p1119) showed the dividend pharmacists can reap by being pro-active. Pharmacists can and should secure a disproportionate share of GSL medicine sales if they so act. And they will add value to the GSL product for the manufacturer, who may then not be tempted to down grade Ps to GSLs, and will be assured of the wisdom of launching and supporting P products for pharmacy sale.

Pharmacists can be sure that GPs will not want to be seen recommending the garage as a convenient point of sale for a patient they are switching from a prestigious POM medicine. Surely that is not the level of patient convenience being espoused by the Health Minister. Pharmacists investing their time and expertise in their *raison d'être* must surely be rewarded professionally, and with enough profit to justify employing a trained dispenser to make it possible.

Minister boosts OTC healthcare

OTC self-medication has been endorsed by GPs, patients and the Department of Health at an industry-sponsored symposium.

Health Minister Brian Mawhinney says no one group has a responsibility for delivering good healthcare: "It is a matter of healthy alliances."

Healthy health alliances are the "reality of healthcare" today in an environment where the Government has to face an ever-increasing drugs bill, he told Proprietary Association of Great Britain member companies at their annual meeting.

The Minister said Government had a responsibility to display caring; that its response to patients had to ensure that as many as possible got treated cost-effectively at "maximum convenience to that patient".

"To the extent that we do this is the extent to which we display care."

Dr Mawhinney said a variety of people can, should and must contribute to health — including the individual. It was especially important for the individual to



Sheila Kelly, director of the Proprietary Association of Great Britain, escorts Health Minister Dr Brian Mawhinney to address the PAGB annual meeting on "Self-medication and Government policy"

do what he or she could to improve his or her health.

"We should empower individuals to determine for themselves what medicines they need to use, alongside the professional advice available in pharmacy and from GPs."

"It is also important to provide manufacturers with new markets as products approach patent expiry and as Government takes steps to reduce expenditure."

Dr Mawhinney sought to clear up a misunderstanding over whether GPs' Terms of Service prevented the recommendation of an OTC medicine to patients. They appeared to say that, where

a GP believes a particular drug is required to treat a patient, an NHS prescription must be given.

"That apparent requirement needs to be seen in the context of the relationship between the patient and the family doctor," he said. "These obligations are, in all cases, dependent on the consent of the patient. If the doctor offers a prescription and the patient chooses not to accept it, then the GP can hardly be described as being in breach."

"What is important is that patients are offered a choice between a NHS prescription and a recommendation to purchase a product over the counter."

Many people were exempt from prescription charges and the GP could be regarded as being in breach of his terms of service if this point was overlooked, the Minister said.

Another "misconception" Dr Mawhinney addressed was the belief that there is a link between the change of legal classification of a product and the Selected List: "There is no link! It is not the case that products moving to OTC status are more likely to be included on the Selected List."

The Minister referred to the number of POM products being considered for OTC switching by the Medicines Control Agency: "There will be a number of changes of classification by the year end, and we are likely to start consultations in the next week or so."

Dr Mawhinney said the POM to P working party was to be reconvened to see if the switching process could be speeded further — it now takes a year. Industry and Government had different agendas but there was common ground, he said.

● Colston Herbert, president of Sterling Health Europe, was elected president of the PAGB at the annual meeting. He takes over from John Ball, Warner Lambert's European Healthcare director, who has spearheaded the PAGB move to acquaint GPs with OTC medicines in his two-year term (**People**, p38).

An eye on supermarkets

Mr Neil Hamilton, Corporate Affairs Minister, confirmed in the Commons on Tuesday that supermarkets will be able to sell cleaning and soaking solutions for contact lenses.

He told MPs that the Department of Health has decided, following recent advice, that the existing rules restricting retail sales to opticians and pharmacies could be relaxed without any increased risk to health.

Manufacturers can now apply for appropriate changes to product licences to permit supply via general sales outlets such as supermarkets.

In court over Halcion ban

US pharmaceutical giant Upjohn are taking the UK Licensing Authority to court following the decision earlier last month to revoke the licence for the hypnotic Halcion (triazolam).

In taking this highly unusual step, the company says it has considered the fact that the Government has twice rejected expert advice, first from the Medicines Commission in 1992 and second from an Appointed Persons Panel in April.

Upjohn are applying for a statutory review under Section 107 of the Medicines Act.

The GP — giving power to patients

"What are the advantages of increasing patients' knowledge of over the counter treatments?" According to Dr Mollie McBride, secretary of the Royal College of General Practitioners, it would allow them to be in charge of their own health.

"It encourages independence and it might be far cheaper than having to pay for prescription costs. It allows the privacy of being able to go to a community pharmacist and to be able to purchase, with or without their advice, a suitable medication."

The disadvantages were that some could not make the journey

to the pharmacy because of cost or handicap, while others could not afford the OTC medicine or might take the wrong one, Dr McBride said.

"There is always the fear that they might neglect a serious illness, that they are taking treatment without a primary diagnosis and that it might cost them more."

Dr McBride reported the findings of a mini self-medication survey she had conducted on the first 40 patients she saw in a particular week.

"I asked if they had tried anything for the condition on

which they were consulting. Some 21 were presenting with a new complaint and 80 per cent of these had already tried some form of medication ... and 80 per cent of that medication was entirely appropriate."

Dr McBride said that of the other 19 patients presenting with previous conditions for which they were already receiving treatment, five were taking OTC medicines additionally for their condition.

"This demonstrated to me that patients do know their own illnesses and have tried to help themselves before seeing a GP."

Patients as consumers of OTC self-care

It is clear that patients self-medicate, just as their ancestors did. "We buy medicines from a pharmacist, with or without advice, and we also buy them from supermarkets and corner stores. So what has changed compared with our forebears?"

Dr Patricia Wilkie of the Patient's Association suggested the influence of the medical profession, allied to the growth

of the profession of pharmacy and the pharmaceutical industry, had undermined people's confidence in their own ability to look after themselves.

They had become over-reliant on the medical profession and the industry to deliver the "magic bullet" to cure all ills.

"If patients are to acquire the knowledge and confidence to know when it is appropriate to

self-care then they need advice, education and encouragement from the professionals."

While there will always be people who consult their GP for an ailment which could and should be self-treated, the aim must be to ensure that enlightened people, educated by good advice, will look after their own health and use appropriate OTC medication.

BMA calls for controls on therapists

Non-conventional therapists such as homoeopaths and aromatherapists should take a foundation course in basic medical science, and doctors should help to train them, according to a British Medical Association report.

The report, *Complementary Medicine: New Approaches to Good Practice*, from the BMA's Board of Science and Education, calls for a single regulating body to be established for each therapy.

Increasingly, doctors refer patients to complementary practitioners. But they are ethically bound to refer only to those practitioners in whom they have confidence that their patient will come to no harm and will benefit from treatment.

A study cited by the report suggests there may be up to 15 million consultations to non-conventional therapists each year in the UK.

- The complementary medicine market grew solidly last year, increasing by 10 per cent in value terms, according to a report by Market Assessment Publications.

The largest market is herbal remedies, with homoeopathic products and aromatherapy oils likely to increase their share.

Pharmacists answer PSG call to fight by-election

Three pharmacists have expressed an interest in fighting a forthcoming by-election on behalf of the Whatever Happened to the NHS Party.

The decision to field a candidate in Christchurch was announced at a meeting of the Pharmacy Support Group in Walsall on June 19. To date, chairman Hemant Patel has received expressions of interests from three pharmacists, two from within the area and one from outside.

As soon as the date for the by-election is announced, PSG plans to announce further details of their campaign of publicity. They aim to bring the issue of pharmacy remuneration, as well as other NHS concerns, to the attention of the voters at the appropriate stage to have the maximum impact on the Government.

And the fight will not stop at

Christchurch, says Mr Patel. PSG is poised to target other by-elections as and when they arise.

The Group has also received positive feedback to the publication of their action pack (C&D June 5 p1015), and have been inundated with requests for copies of the literature devised by Hertfordshire pharmacist Robin Clark (C&D last week p1155).

Mr Clark's local campaign of action against the remuneration proposals involved posters, leaflets and questionnaires. As a result, he saw a 13 per cent increase in prescription volume in one month alone.

Anyone wanting copies of Mr Clark's literature should contact the Pharmacy Support Group on 081-984 9943 or preferably send a stamped addressed A4 envelope to the Group at 21 Whitebarn Lane, Dagenham, Essex RM10 9LH.

FHSA issues guidance on travel drugs

Nottinghamshire Family Health Services Authority has issued its own guidance on prescribing travel medicines on the NHS.

"The Department of Health regards this as something of a 'grey' area in which the rules are not clear," says the FHSA's newsletter to doctors and pharmacists, *The Nottinghamshire Prescriber*.

Under NHS regulations, medicines may only be provided at NHS expense while the patient resides in the UK. But the Department has verbally agreed that it is better to prevent exotic diseases in the first place than treat them later at perhaps considerable expense to the health service.

For malaria prophylaxis, the FHSA recommends NHS prescriptions for short periods up to four weeks. For very long periods, when patients may be deemed to be resident overseas, they should buy the medicines from pharmacies or, if POMs, on private prescription.

Vaccination against rabies should only be given where essential and the DoH recommends that it be restricted to those who require it for occupational purposes, such as researchers involved with animal studies in remote areas. It may be prescribed on FP10 for this purpose.

Yellow fever vaccination can only be given at recognised centres and may not be prescribed at NHS expense.

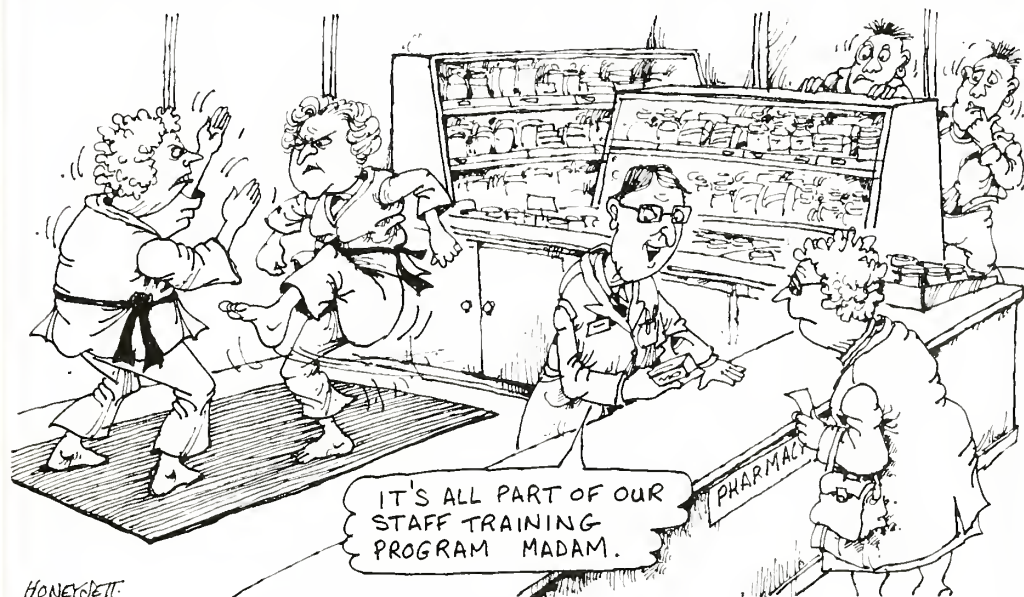
£10m research initiative tackles TB

Action TB, a £10 million research programme into tuberculosis, was launched in London this week. The five-year initiative will co-ordinate research from centres in the UK and South Africa.

Action TB will use modern molecular engineering, genetic engineering and biotechnology to develop vaccines which prevent infection and novel antibiotics to combat resistant strains of tuberculosis.

Over 6,000 cases of TB were reported in the UK in 1991.

The four UK research centres are Glaxo Group Research at Greenford, Middlesex, the London School of Hygiene & Tropical Medicine, St Mary's Hospital Medical School, London, and the University of Birmingham.



Boots staff get physical

Boots staff in Torquay are contemplating self-defence classes after a violent incident, where an abusive man caused £7,000 worth of damage in the store.

Prompted by the completion of a 12-week course by fellow employees in the Exeter branch, who then made the offer of lessons to other employees in the

area, staff are arranging a shortened eight-week course for themselves.

The Exeter course was initiated by office worker Fiona Kelly, whose boyfriend is a black belt in tae kwon do. The course is paid for by staff themselves.

While violence towards staff is not perceived as being a problem,

Boots say they are happy to provide premises for self-defence classes. However, the company sees no need to implement a national scheme in response to an isolated case.

Other branches may follow but the running of courses is dependent on the demand from employees.

PRODUCT INFORMATION

Presentation *Canesten 10% VC* is available as a single pre-filled applicator containing 5g of 10% clotrimazole vaginal cream.

Canesten 1 is available as a single vaginal tablet containing 500mg clotrimazole and an applicator in which to place the tablet for insertion. Uses Candidal vaginitis. Dosage and

Administration *Canesten 10% VC*. Adults Insert the contents of the pre-filled applicator intravaginally, preferably at night. *Canesten 1*. Adults Place the *Canesten 1* vaginal tablet in the applicator, and insert

intravaginally, preferably at night. *Children* Since both of these products are used with an applicator, paediatric usage is not recommended. Contra-

indications Hypersensitivity to clotrimazole. Side-Effects Rarely patients may experience local mild burning or irritation immediately after inserting the cream. Hypersensitivity reaction may occur. Use in Pregnancy In animal studies clotrimazole has not been associated with teratogenic effects but following oral administration of high doses to rats there was evidence of foetotoxicity. The relevance of this effect to topical application in humans is not known.

However, clotrimazole has been used in pregnant patients for over a decade without attributable adverse effects. It is therefore recommended that clotrimazole should be used in pregnancy only when considered necessary by the clinician. If used during pregnancy extra care should be taken when using the applicator to prevent the possibility of mechanical trauma.

Accidental Oral Ingestion In the event, routine measures such as gastric lavage should be performed as soon as possible after ingestion. Pharmaceutical

Precautions *Canesten 10% VC* Do not store above 25°C.


Canesten 1 No special storage precautions are necessary. Legal

Category. P Retail Selling Price £5.95 for each product.

Product Licence Number *Canesten 10% VC* PL 0010/0136, *Canesten 1* PL 0010/0083. Date of Preparation August 1992.

References: 1. Cohen L., *Curr Med Res Opin* 1985; 9 (8): 520-3. 2. Milsom L., Forssman L. *Am J Obstet Gynecol* 1985; 152 (7/2): 959-961.

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Insurance scam leads to striking off

A North East pharmacist who took part in a massive insurance fraud involving his "death" in India, married bigamously and then came back to this country without telling his first wife and children he was still alive, claimed he got involved "to save the family business".

But Sharpy Borgan, 42, of Alexandra Street, Rowlands Gill, Tyne & Wear, told the Royal Pharmaceutical Society he had been through "anguish", constantly looking over his shoulder in fear. Eventually, Mr Borgan told the Society's Statutory Committee, he overcame his cowardice and anguish and reported himself to the Society.

Mr Borgan, known at various times as Shangara Singh Bogan,

Piara Singh Gill and Peter Gill, was found guilty at Newcastle-upon-Tyne Crown Court of conspiracy, for which he was sentenced to three and a half years imprisonment.

Mr Borgan and his brother were involved in a scheme of fraud, by which Mr Borgan would apparently "die of a heart attack" in India and insurance policies on his life would be claimed (C&D June 5 p1016).

His family had known he was still alive except his English wife, Eileen and his two young children, he told the resumed hearing. Mr Borgan had not intended to get involved in the fraud but had been persuaded to help the family's restaurant business.

After marrying another English woman in India, he

came back to this country on her passport and lived in Worthing, Sussex, for a time before building up a business, Healthcare (NE) Ltd of Frederick Street South, Meadowfield, County Durham. He was now superintendent pharmacist of six pharmacies in the North East of England.

"But every time an inspector came to one of the shops, I was looking over my shoulder," he claimed. He was now reunited with his "first" wife and had decided to end his anguish.

The Committee decided to strike Mr Borgan off the Register after his case was described as the "worst we have ever heard". Committee chairman Mr Gary Flather, QC, said they found Mr Borgan's evidence unbelievable.

More MPs sign up

Some 72 primary Labour MPs have now signed a Parliamentary Motion condemning Government failure to address concerns of pharmacists on remuneration.

Fundholding vote

The British Medical Association has voted by 189 to 140 to abandon opposition to the Government's GP fundholding programme.

Comfrey motion

More than 30 MPs have supported a cross-party Parliamentary motion criticising the ban on comfrey tablets and capsules. The motion expresses regret at the "precipitate recommendations" of the Committee on Toxicity of Food.

Applications rise

Pharmacy applications to universities and colleges rose from 9,200 in May 1992 to 10,370 in May 1993.

No place for dogs or cigarettes

A Lancashire pharmacist kept her two pet dogs in her shop and left cigarettes on her dispensing bench in a clear breach of hygiene regulations, a Statutory Committee inquiry heard last week.

Mrs Laura Barlow also allowed an unqualified assistant to dispense medicines in her absence, it was claimed.

Mrs Barlow, of Racefield Hamlet, Oldham, was visited by inspectors following complaints by customers about her pharmacy at 350 Grimshaw Lane, Middleton Junction, Manchester, the Committee was told. Mrs Barlow is accused of professional misconduct.

Mr Josselyn Hill, solicitor to the Committee, said two of the Society's inspectors visited Mrs Barlow's pharmacy on February 7, 1992, and one of them bought 12 Kwells tablets, a pharmacy medicine which must only be sold when a pharmacist is present.

"Mrs Barlow arrived at the pharmacy at about 10am and indicated during interview that she had been delivering oxygen," he said. She said she would have to "hold her hand up" and admit not being there when the Kwells were sold.

The inspectors saw a dog basket in front of the gas fire in the dispensary, a cushion on the floor under a desk and a dog bowl containing water. Mrs Barlow claimed that her two dogs were kept in the next door premises.

The inspectors also noticed an ashtray on the dispensing bench, with a packet of cigarettes and a lighter.

Both the keeping of dogs and

the presence of cigarettes were contrary to the Guide to Good Dispensing Practice.

Mrs Barlow did not attend the hearing but, in a letter written to the Society by her solicitors, she "categorically denies" that dogs were kept in the dispensary.

Mr Hill conceded that Society inspectors had found nothing wrong in Mrs Barlow's pharmacy on two visits after their original inspection. But the Committee agreed unanimously to issue a reprimand to Mrs Barlow after finding misconduct proved.

Announcing the decision, chairman Mr Gary Flather, QC, said the Committee believed that Mrs Barlow had kept a dog or dogs in her pharmacy and that either she or her assistant had been smoking there, in breach of Guide to Good Dispensing Practice.

Which? report slams slimming plans

Meal replacements are often high in fat, sugar and calories and promote rapid weight loss in defiance of draft EC food rules, says the latest issue of *Which?*

The article investigated 13 meal replacement plans, including milk shakes, soups, biscuits and bars.

Only Slim-Fast supplied evidence of long-term success on continued usage, and it was also the only product to give specific advice on who should not use it. Fibre Slim contained less than a third of daily fibre needs in three servings, while Boots NutraSlim

A Huddersfield pharmacy was a danger to the public for almost ten months despite six pleas to remedy matters, the Pharmaceutical Society's Statutory Committee heard last week.

RPSGB inspectors found Mr Yash Pal Kansal's premises in Bradford Road with dirty carpets, shelves and sink and with stock, some outdated, cluttering the floor.

Mr Josselyn Hill, solicitor to the Committee, said Mr Kansal, of Claremont Road, Manchester, who is accused of misconduct, was given "chance after chance" to improve the state of his pharmacy between April 1991 and February 1992. However, despite the fact that the premises were in a state which made them a "danger to public health", there was no apparent effort to change by Mr Kansal.

Even on the last visit by inspectors in February 1992, "there was no change to the external appearance, the decoration of the shop, the shop ceiling or shop floor covering," said Mr Hill. Uncapped medicine bottles and containers and stock were stored on the floor.

Some shelves were very dusty and others were dirty. The sink unit was in poor condition and the refrigerator was dirty, had no thermometer and had water running out of the bottom, said Mr Hill. Some stock was wet.

After six fruitless requests, the Society's Ethics Committee recommended that a complaint of misconduct be made to the Statutory Committee against Mr Kansal and Agepack Ltd, of which he is superintendent pharmacist.

An emotional Mr Kansal told the Committee that conditions at the pharmacy had been bad when he took over. But he said £41,000 had been spent on improving it, and he denied allegations from Mr Hill that the dispensary had been "filthy and in an appalling condition" for about a year after he took over.

He did not agree that there was filth everywhere but added: "It was a dusty shop in some respects."

Mr David Reissner, for Mr Kansal, said there was no question of any repetition of what had happened: "Mr Kansal now has a pharmacy he and the company can be proud of."

He conceded that Mr Kansal was guilty of misconduct. The Committee decided to reprimand Mr Kansal and Agepack.



Keep off my patch

I have always valued my professional independence and, although I consider it good practice to consult with medical colleagues, any pharmaceutical initiatives I take are my responsibility. Despite this, I have rarely found it necessary to stand on my professional dignity, except on one famous occasion when my anti-malarial advice differed from that given by a patient's GP. I prefer instead to use the art of private diplomacy to iron out any disagreements between our professions.

But such inter-professional relationships seem to have broken down in Eastbourne, where a pharmacist has been asked by a medical practice not to distribute individualised patient information leaflets to those of their patients who obtain their prescriptions from this particular pharmacy (*C&D* June 26 p1158). I am assuming the leaflets in question are computer-generated PILs relating to dispensed medicines.

From the controversy already aroused over their production, I can understand the problems

that might have arisen.

Dr Bruce Packham, secretary of the Eastbourne Medical Society, feels there may be some communication problems. That sounds like a classic understatement, and I would have hoped that proper dialogue had taken place between medical practice and pharmacy. But, at the end of the day, if an amicable understanding cannot be reached, it is up to the individual pharmacist how he practises his profession and he is professionally answerable to no one other than his peers.

I would not dream of interfering in the professional relationship between a GP and his patient and would expect that attitude, however contentious the issue, to be reciprocated.

In Eastbourne, professional interference has occurred. I am a mild-mannered man but, if all other routes of communication had failed, I would turn to the medical practice with the short but firm reply of "mind your own business!"

You cannot be serious!

That famous John McEnroe phrase, "You cannot be serious", perfectly sums up my reaction to the thinly disguised attempt by Kensington, Chelsea & Westminster Commissioning Agency to encourage a "leapfrogger" to set up pharmaceutical residence in their new health centre (*C&D* June 26 p1155).

I would, however, disagree with David Sharpe that it is "commercial lunacy". It makes perfect economic sense for the winner of the probable dutch auction, but that will be cold comfort for the 130 community pharmacies already operating there.

It should make contractual sense for the family health services authority to turn down any application for a new contract but, depending on proximity, a minor re-location could still apply and with consequences just as serious.

I am not sufficiently familiar with this area of London to comment more precisely, but I wonder what planning inquiries and discussions with local pharmacists were initiated before this advertisement appeared — or will this be another case of an FHSA being asked to shut the door after the horse has bolted?

Cosmetics drifting off-stage?

I always look at the businesses for sale in the professional Press. Dotty thinks I am obsessed with other pharmacists' shops when I should be concentrating on my own, but I find a mine of information in all trade advertisements which collectively builds up a subliminal picture of the ever-changing commercial climate.

Apart from that, I like to dream of finding myself that perfect retirement business where I can escape from recession-prone Britain!

Last week, during my weekly search, an advertisement for a business in Suffolk caught my eye. A substantial turnover with good average scripts, it seemed a reasonable buy for any entrepreneurial young pharmacist with £250,000 to spare. But the interesting bit was in brackets because it was specifically advertised as a business with no cosmetics.

Looking back over the last few years of my business, I have also noticed this trend. Without a deliberate policy, the emphasis of my pharmacy has shifted away from toiletries, cosmetics and perfumery towards the more health-related areas of medicines, babies, the elderly, alternative remedies and supplements.

This "no cosmetics" ad has confirmed what the market has been telling me for years. To survive I have to be a successful retailer and supply the goods my clients require. They have voted with their feet by buying toiletries and cosmetics in the drug stores, leaving me with the business I know best.

Although I might regret the passing of this traditional market, I also find it exciting developing those more professionally relevant areas of retail opportunity.

Northern Ireland Notebook

Business is booming!

I was interested to read recently that Northern Ireland can boast one of the lowest crime rates in Europe. The report went on to qualify that as "ordinary crime" as opposed to "politically motivated crime".

There can be no doubt that, in the latter activity, we are European leaders. Here, the "troubles" permeate all facets of life. Nothing and no-one is exempt, and pharmacists have suffered their fair share in nearly 25 years of destruction and violence.

Currently, the massive town-centre bombs, designed to inflict the greatest possible amount of disruption and destruction, have severely affected a number of pharmacies.

The cost in financial terms is considerable and, even where Government compensates, the true cost to the pharmacist can never be properly compensated. The sum for lost business never matches real losses and some

The true cost to the pharmacist can never be properly compensated

replacement costs are not fully met when loss adjusters decide that an element of betterment has occurred.

In many areas, normal policing is not possible. A 999 call after an armed hold-up elicits a cautious response in case it is a trap. The chances of getting the police to come to the pharmacy to apprehend someone with a forged prescription is slim. At night, if the shop-alarm sounds, the pharmacist will be expected to go to the pharmacy without protection.

These are the realities of providing a pharmaceutical service in some parts of Northern Ireland and the resilience of those whose businesses are affected is to be commended. They pick up the pieces and get back into business as quickly as possible.

A Boots pharmacist who got out of the Portadown pharmacy she manages just before it was destroyed by a huge bomb last month had her home damaged by a second bomb that evening when terrorists blew up a nearby hotel. She is expecting a baby very soon.

At a time when Government is becoming particularly aggressive towards pharmacy, it is unlikely to remember that in 25 years of the "troubles", pharmacists in Northern Ireland have provided a high quality, uninterrupted, professional service.

Written by a Northern Ireland community pharmacist

Topical REFLECTIONS



They won't be sitting for long

Tell your customers about Isogel's unbeatable value, then watch those bulk packs move!

Best value for money – that's what made Isogel the No. 1 bulk packed ispaghula drink by volume.

Isogel

Ispaghula Husk BP

The best value bowel regulator



Charwell Pharmaceuticals Ltd., Charwell House, Wilsom Road, Alton, Hants GU34 2TJ

Scriptspecials

New indication for Miacalcic

Miacalcic injection, containing calcitonin (synthetic salmon calcitonin), is now licensed for short-term use in postmenopausal osteoporosis. Studies based on total calcium determinators have indicated that Miacalcic may be effective in the prevention of progressive loss of bone mass in postmenopausal osteoporosis.

Calcitonin, a naturally occurring polypeptide, is a regulating factor in mineral and skeletal metabolism through its actions on bone and on calcium homeostasis. It has been found to reduce the removal of calcium from bone in conditions with an increased rate of re-sorption and formation such as osteoporosis.

Calcitonin inhibits osteoclasts and stimulates osteoblast formation and activity. It also increases calcium and phosphate excretion and decreases calcium absorption from the gut.

The recommended dose for the osteoporosis indication is 100iu daily by subcutaneous or

intramuscular injection. Patients should also receive supplementary calcium (equivalent to at least 600mg elemental calcium daily) and, if necessary, vitamin D (400 units daily).

Miacalcic injection is available in the following strengths and pack sizes: 50iu, boxes of 5 x 1ml ampoules (£18.27); 100iu, boxes 5 x 1ml ampoules (£36.54); 400iu multidose vials, boxes

of 1 x 2ml ampoules (£26.28).

A report in the *Financial Times* names Sandoz as the leader in the \$1 billion-a-year calcitonin market. This market is predicted to grow to over \$1.5bn in the next four years. Until recently, calcitonins had to be injected but Miacalcic is now available, in parts of the world, as a nasal spray. **Sandoz Pharmaceuticals. Tel: 0276 692255.**

Glaxo sign up Zydys

Zofran may soon be available in a wafer-light tablet form which dissolves rapidly on the tongue, following Glaxo's signing of a development and licence agreement with R.P. Scherer.

Under the agreement, Glaxo will pay Scherer to develop a Zydys dosage form for Zofran and will obtain a licence to exclusive worldwide marketing rights.

Feldene Melt, from Pfizer, was the first product in the UK to use this novel delivery system (**Script Specials**, Oct 3 and Dec 5, 1992). The patented Zydys system is a water-soluble matrix of saccharide and polymer which is freeze-dried, forming a porous structure which the saliva can easily penetrate.

This system is particularly suitable for Zofran, which is used to treat patients suffering nausea and vomiting associated with radiotherapy and chemotherapy. Many of these patients have difficulty swallowing.

Ostomy disposal services

Community pharmacists dealing with AAH or Unichem will soon be able to offer a better disposal service to stoma patients.

From July 12, every AAH customer ordering any ostomy bag will receive the same number of disposal bags free of charge.

AAH have also produced an information and advice leaflet for stoma patients which pharmacists will be able to order, free of charge, and distribute to their

customers. The A5 leaflet advises on obtaining new stocks of appliances, the changing of a bag and travelling.

Unichem are launching own-brand ostomy disposal bags. Unichem ostomy disposal (30, £0.43) have a fragrance which neutralises the odour of the contents. Unichem ostomy wipes, with natural cotton fibres, are available in a pack of 30, costing £0.33.

Sandimmun change

Maize oil will replace olive oil as a major excipient in Sandimmun oral solution. The new formulation will appear slightly darker than the old, and there may be a slight change in taste. There will be no need to alter a patient's current dosage regimen. Each pack will have "new formulation" printed on it. **Sandoz Pharmaceuticals. Tel: 0276 692255.**

Procydiline tablets

PSNC say the Department of Health have recognised that there is a shortage of procydiline tablets BP 5mg. For the month of June, endorsements of a brand/supplier

will be accepted. The availability of this product will be reviewed at the end of June.

Sandostatin reformulation

The new formulation of Sandostatin injection will consist of octreotide acetate in a lactate buffer system. The first presentation to be introduced will be a multi-dose vial. Ampoule presentations will follow later in the year. Sandoz hope the change in formulation will be associated with a decrease in incidence of local pain at the injection site and some of the systemic side-effects of Sandostatin compared to the

existing formulation. The new formulation is bioequivalent to the existing product. **Sandoz Pharmaceuticals (UK) Ltd. Tel: 0276 692255.**

Goldshield portfolio

From July 1, the following products will be marketed and distributed by Goldshield Pharmaceuticals Ltd: Eskamel cream; Eskornade spansules and syrup; Fenbid spansules; Octivit tablets; Pregnavite Forte F tablets; Z span spansules; Nulacin tablets; Cytacoon tablets and liquid; Eltroxin tablets; Dindevan tablets; Marevan tablets. Neo-Naclex tablets. AAH Pharmaceuticals in Warrington

(0925 230255) will be acting as the distribution centre. **Goldshield Pharmaceuticals Ltd. Tel: 081-684 3664.**

Solpadol pack size

Solpadol effervescent tablets are now available in packs of 100 (£9.72) which are replacing 60 packs. **Sanofi Winthrop Ltd. Tel: 0483 505515.**

Crystapen price rise

The price of Crystapen injection 25 x 600mg vials has increased from £8.75 (+VAT) to £11.25 (+VAT) with effect from July 12. **Britannia Pharmaceuticals Ltd. Tel: 0737 773741.**

Dispense Wyeth Temazepam Tablets on open scripts for temazepam

WYETH GENERICS HOTLINE 0628 414792

WYETH*
GENERICS
QUALITY ASSURED
SERVICE ASSURED

FOR FURTHER INFORMATION REFER TO DATA SHEET OR CONTACT WYETH LABORATORIES, TAPLOW, MAIDENHEAD, BERKS.

*TRADEMARK



The new Nurofen TV campaign.
It'll cause a storm.



- New campaign breaks 5th July
- £4.5 million spend
- National campaign
- So stock up now



Counterpoints

Countdown to Zovirax OTC launch

The Wellcome Foundation are selling in Zovirax cold sore cream (C&D last week pp1158, 1184) for Pharmacy sale, but stocks will not be delivered nor will consumer promotion start until the POM Order goes through Parliament.

At present the company is delivering a training programme now that Zovirax has a P licence. However, if the POM order is not available by July 22 and is delayed until August, the present launch date and stock delivery date (July 22) will be put back accordingly.

Zovirax cold sore cream contains 5 per cent (w/w) acyclovir in a water miscible cream base and its only indication is for the treatment of cold sores. Wellcome stress that Zovirax cream 2g (POM) will remain a prescription product and has broader indications for use than the cold sore cream. As such, Zovirax cream 2g must not be sold OTC.

The 2g tube of cold sore cream will retail at £4.99. Trade price to retailers for 12x2g is £36.69.

Zovirax cold sore cream should be applied five times a day for five days. Treatment should be started as early as possible, ideally during the tingle phase.

The cream should not be applied to the inside of the mouth, the eye or for herpes infections of the eye or genital areas.

Wellcome is preceding the launch with a three-part training programme for pharmacists and assistants called "The cold sore countdown programme". Module 1 explains "All you need to know about herpes simplex — the cause of cold sores"; Module 2 is "A comprehensive background to Zovirax cold sore cream"; Module 3 details "Counselling your patients to ensure successful treatment".

The Zovirax launch will be backed by TV and Press advertising, in-store promotions and point of sale and an educational



programme aimed at pharmacy staff.

Pharmacy staff who use the training programme can win prizes totalling

£13,000. Questions are supplied on a form in Module 3. **The Wellcome Foundation. Tel: 0270 583151.**

Bedsheets get extra backing

The Kylie Community Absorbent Bedsheet is now available with an integral waterproof backing.

The new feature combines the traditional bedsheet with modern requirements, negating the need for an additional plastic drawsheet.

With an absorbent area measuring 75x100cm, the bedsheet has large tuck-in flaps to prevent rucking. Costing £21.78, the Kylie Community Sheet carries the Kylie guarantee of 200 washes. **Roche Products. Tel: 0494 711228.**

Clen-zym addition

Alcon are adding Clenzym system pack to their range. The pack contains 24 Clenzym tablets and two enzyme vials and will retail at £7.40 (£4.74 trade). **Alcon Laboratories. Tel: 0923 246133.**

Femidom campaign

Chartex are starting a new campaign to promote Femidom through the national Press, running until the year end. **Smith & Nephew. Tel: 021-327 4750.**



Supported by a £500,000 advertising campaign in the women's and parental Press, Sudocrem baby lotion has been given a new look. PoS material and shelf edgers will be available. Further promotion includes distribution of samples through Bounty. **Pharmax. Tel: 0322 550550**

Huggies pull out the stops in trainer launch

Kimberly-Clark are targeting the UK's one million-strong training pant market with the £6 million launch of Huggies, the all-in-one absorbent, disposable training pant that "big kids" can pull up and down themselves.

Boys and girls have their own pair of specially shaped pants in three weight sizes carrying identifying motifs front and back — cars and trucks in bold colours for the lads and zoo animal designs in pastel shades for the lasses.

Each pant is designed to look like underwear, say Kimberly-Clark, with a cloth-like outer fabric covering the super-absorbent inner, shaped for extra protection at the front for boys and between the legs for girls. There is a moisture-proof lining.

Elasticated legs and waistbands help protect against leakage while soft, stretchable side panels allow the pants to be pulled up and down repeatedly by the child. When soiled, the side panels can be pinched on the side seams to allow tearing and quick removal by the parent.

Packs are boys: 20-29lb (28s), 27-36lb (25s) and 34lb-plus (22s), and girls:

20-27lb (28s), 25-34lb (25s) and 32lb-plus (22s). All are expected to retail at £7.49 in pharmacy and are available through transfer order from major wholesalers at around £25.99 trade.

Television advertising support begins on July 19 with daytime screening of two commercials, one for boys and one for girls, featuring two children who become "big kids now" through mastering the Huggies pull-up and down technique.

Kimberly-Clark are spending £2.1m sampling through direct mail with a two-pant, £1 coupon for consumers and an "I'm a big kid now" potty training book offer, while advertising in specialist baby magazines and the women's Press.

The company target is the 800,000 children who start potty training each year as well as a further 200,000 bed-wetters. Launched four years ago in the US, Huggies now are a £300m market with an 18 per cent annual growth rate.

Kimberly-Clark expect Huggies to grow sales from £15m this year, through £40m next to £45m in 1995. **Kimberly-Clark. Tel: 0622 717700.**



Easifix extensions

Numark are adding a dual-branded range to their Easifix contour bandages.

The four variants of bandages are: 5cmx4m (£0.46); 7.5cmx4m (£0.58); 10cmx4m (£0.66);

and 15cmx4m (£1.13).

For the launch in August, a 15 per cent reduction in trade prices will be available for a limited period. **Numark Management Ltd. Tel: 0827 69269.**

Cold Sore Sufferers Need You!

One person in five of the UK population suffer the embarrassment, pain and social stigma of cold sores, up to 12 times per year.

Until now, sufferers have been able to buy mainly palliative 'treatments' from pharmacies, so it's not surprising that nearly 75% of those who develop cold sores do not buy an OTC remedy – they are suffering in silence.

Currently 8% of sufferers receive treatment from a GP with a Zovirax Cream prescription. Zovirax Cream, when used at the early stage of a cold sore attack, can prevent it developing.

The new 'P' status will allow patients who were unaware of the product or did not want to consult a GP for treatment to have quick and ready access to the product.

Zovirax Cold Sore Cream

Zovirax Cold Sore Cream will be the breakthrough that cold sore sufferers have been waiting for. Customers will now be able to buy and use the only product which can prevent a cold sore developing when they really need it – at the early or 'tingle' stage.

75% of customers ask pharmacy staff for advice about minor ailments, and cold sore sufferers are no exception. The roles of the pharmacists and pharmacy assistants are therefore vitally important in providing essential information and advice about cold sores and Zovirax Cold Sore Cream.

Cold Sore Countdown Programme

To help you advise your customers on all treatment issues, the Wellcome Foundation Limited have developed a 3-part Cold Sore Countdown Programme – it will be sent to all Pharmacists and Pharmacy Assistants before the launch of Zovirax Cold Sore Cream.

It contains all the essential information needed

to effectively sell Zovirax Cold Sore Cream and counsel patients.

The Countdown Programme covers the following topics:

- Z** The cause and epidemiology of cold sores
- Z** How Herpes Simplex multiplies
- Z** Clinical course of cold sores
- Z** Common trigger factors
- Z** Counselling your patients



Z Essential information about Zovirax Cold Sore Cream

At the end of each module there is a self-assessment quiz.

Please use the materials. They have been specially designed for use by pharmacists and their staff.

"The Cold Sore training materials produced by Wellcome are amongst the best I have seen. Important information is set out clearly, both for pharmacists and their assistants"

Brian Winograd, Pharmacist, Maida Vale, London

Wellcome can provide additional copies of the Countdown Education Programme if required and the Wellcome Medical Information team are happy to provide further information for you.

Please feel free to call them on **0270-583 151**.

Zovirax Cold Sore Cream will be available mid July/August dependent on the POM Order change. Remember, Zovirax Cold Sore Cream is the product 12 million cold sore sufferers have been waiting for.



ZOVIRAX[®]

COLD SORE CREAM

Early use can stop a cold sore

Triple OTC launch for Beecham

Smithkline Beecham Consumer Brands are relaunching Setlers and Setlers Tums. They are adding "chewable" Beechams Lemon tablets to replace the Powders variant and bringing Contac 400 back into the UK marketing fold as part of a global marketing strategy.

The relaunch of Setlers (now containing 500mg calcium carbonate and no magnesium hydroxide) will capitalise on the brand's long-time unique selling point of "express relief" with a new "speeding tablet" graphic, while emphasising the palatability of chewable, fruit-flavoured Tums in an integrated £2.5 million advertising campaign.

Beecham say the taste, texture and aroma of both Setlers and Setlers Tums has been improved for "greater palatability". Pack sizes are now 36 and 96 for Setlers (£1.29, £2.19) and 75 (£2.19) for Tums. Tums now have orange, blackcurrant and lemon flavours.



Two separate TV commercials for each product feature the speeding tablet, and will run from August for ten

weeks. Show cards, shelf edgers and broken bulk PoS units are available. Beechams Lemon tablets contain aspirin

300mg, glycine 150mg and "real lemon". The tablets dissolve in the mouth or can be swallowed with water by children over 12 and adults. Dose is one to two tablets, three to four hourly, up to a maximum of 24. They are not to be given to children under 12 without referral to a GP.

Lemon tablets come in packs of 20 (£1.69 GSL) and 40 (£2.59 P) and aim to give improved palatability and convenience for the user, replacing the Powders tablet first launched in 1927.

New packs for Contac 400 are in line with the brand's global positioning as Beecham bring the product back into their marketing fold.

The mechanics of the sustained release use of the brand will be explained to assistants through an education programme that features a training booklet, says marketing director

Roger Scarlett-Smith.

National support for a brand which has a 5.5 per cent share by value in pharmacy for cold and flu includes PoS and a TV and radio advertising campaign from November to February.

Marketing manager David Crow says Beechams Hot Remedies, their "soother" range, will be backed by a £3m national TV campaign again featuring "Beechams", the fast-working cold reliever.

Day and Night Nurse packs are to be redesigned from August and backed later on by a multi-media advertising campaign.

Venos will get TV backing with the "He knows, she knows" commercial, while Cough Capsules will get national TV support from November through to January. **Smithkline Beecham Consumer Brands. Tel: 081-560 5151.**

Galen adult linctus

Galen launch Galenphol Original for dry, unproductive coughs in adults and older children.

A complement to the existing Galenphol Paediatric, it is sugar-free, anised flavoured and contains 5mg/5ml of pholcodine.

Recommendations are: children over 12 years, one to two 5ml spoonfuls four times daily; adults, two to three 5ml spoonfuls three to four times daily. It retails at £2.10 per 140ml pack. **Galen Ltd. Tel: 0762 334974.**



Change of face

Numark have re-packaged their vitamin range and added new products.

Available in the new packaging are multivitamins 60s, multivitamins with iron 60s and the additions,

multivitamins with extra vitamin C (60s) and evening primrose oil capsules 500mg (30). Remaining products will be repackaged over the next three months.

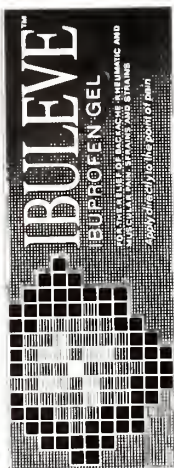
Numark. 0827 69269.



Nurofen continues its trend for creative advertising with a new television commercial, part of a £4.5 million spend on the brand this year. The advertisement uses images of clouds to convey the pain relief story. It ends with the message "Nurofen breaks through pain". **Crookes Healthcare. Tel: 0602 507431**

No.

BRAND LEADER



(What a relief for everyone)

**PAIN
RELIEF
WITHOUT
PILLS**

FOR THE RELIEF OF BACKACHE, RHEUMATIC & MUSCULAR PAIN, SPRAINS AND STRAINS.

Product Licence held by Diomed Developments Ltd. Further information available from DDD Ltd., 94 Rickmansworth Road, Watford, Herts WD1 7JJ. Active ingredient ibuprofen B.P. 5.0% w/w.



SET TO CREAM THE MARKET!

There's a new cream that's blasting
the topical pain relief market!
With Proflex Pain Relief, you can
give your customers the proven
power of ibuprofen in the topical
form that they prefer: a soothing cream.

NEW

Proflex Pain Relief
Penetrates the pain
reduces inflammation
Proflex
Penetrates the pain

Zyma are so confident that Proflex will be a
success that they are backing it with a record
£1.3 million high impact consumer ad campaign.

Get ready for a big burst in
your topical pain relief sales:
order Proflex now!

THE IBUPROFEN CUSTOMERS NEED IN THE CREAM THEY PREFER

Indications: Proflex Pain Relief is a topical analgesic and anti-inflammatory treatment for the fast relief of the symptoms of rheumatic and muscular pain, backache, sprains, strains. **Presentation:** Cream containing ibuprofen BP 5.0% ww. **Dose:** Adults and elderly – 4-10cm (1½-4 inches) of cream, 3-4 times daily massaged into the skin over a large area at the affected site. Children – not recommended under 14 years. **Side effects:** Slight erythema. Mild skin reaction. **Contraindications:** Hypersensitivity to ibuprofen. **Precautions:** Do not apply to broken skin, lips or near eyes. Consult doctor before usage if asthmatic, sensitive to aspirin, pregnant or receiving regular medical treatment. **Pack size:** 25g. **Price:** £3.59. **PL Number:** 0030/0052. **PL Holder:** Zyma Healthcare, Holmwood RH5 4NU. Proflex is a registered trademark. Date of preparation: June 1993.

For further information on Proflex Pain Relief, please telephone Zyma Healthcare on 0306 742800 and ask for Sales Services.

PPR0693

Stylish new look for Poly perms

Home perm brands Deep Care and Fashion Style are being relaunched with new packaging.

Deep Care perm will be repositioned as a premium product for younger women.

The pack has been redesigned for a more contemporary look.

It comes in two variants:

Bouncy Curls and Body & Wave.

Fashion Style perm is aimed at older women in the mid-market group.

The new-look pack now features the Poly logo and comes in three variants for easy to wave, difficult to wave and coloured hair.

Henkel Cosmetics. Tel: 081-804 3343.



Toy prices are cut

SMA have linked with Fisher Price in offering a selection of toys for children up to four years of age at a reduced price. Payment must be accompanied by specified proofs of purchase from SMA Progress.

The offer, available from Summer onwards, is present on underlid leaflets which also contain additional information on child development. **Wyeth. Tel: 0628 604377.**

Aquaspa Summer offers

Cussons are running a Summer promotion to encourage further trials of Aquaspa, their hair and body shower gel.

Aquaspa 225ml bottles will be available at half the usual price during July, with promotional packs featuring a flash on the front to draw the offer to the consumer's attention. **Cussons (UK) Ltd. Tel: 061-792 6111.**



Carter-Wallace are introducing a new range of Cossack men's toiletries. The body spray (£1.89), anti-perspirant deodorant (£1.89) and hairsprays (£1.76 for 200ml) join the existing hairsprays, with red and black packs updated for the new range. Independent pharmacists can get a display unit from Carter-Wallace. **Tel: 0303 850661**

Clarifying addition

Roc are adding Clarifying Mask to their range of facial masks.

Clarifying Mask (£9.95) will deep cleanse and refine skin, say Roc, and is suitable for all skin types. It contains carrageenan, witch hazel and aloe extract.

Reviving Moisture Mask has been relaunched as Moisturising Mask (£11.25) and is designed to

give a moisture surge to all skin types, say Roc. It contains sorbitol, galactans, witch hazel and enoxolone.

As an introductory offer, consumers can purchase Roc Gentle Exfoliating Cream at half the normal price (£5.87) when they buy either of the masks. PoS material, including samples, is available. **Roc. Tel: 0273 517704.**

On TV Next Week

CTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky Broadcasting	G Granada	HTV Wales & West
C Central	A Anglia	M Meridian
CTV Channel Islands	CAR Carlton	TT Tyne Tees
LWT London Weekend Television	GMTV Breakfast Television	W Westcountry

Ambre Solaire:	All areas except CTV
Arrid Extra Dry:	LWT, A, C, Y, TT, U
Brut Aquatonic:	All areas except U, CTV, LWT
Colgate Total:	All areas
Cussons Imperial Leather soap:	All areas except LWT, GMTV
Impulse Dynamique:	All areas except U, CTV, LWT
Just for Men:	All areas
Lil-lets:	C, A, LWT, CAR, BSKYB
Lynx:	All areas except U, CTV, LWT
Nice 'n Easy:	All areas
Nicotinell patch:	All areas
Nurofen:	All areas
Pears Pure Body Care:	All areas
Scholl:	C, G, A, STV, Y, TT, GMTV
Seabond:	C, A, M
Seldane:	GMTV
Shock Waves:	CAR, C4
Slim-Fast:	All areas
Studio Line Pumping Curls:	All areas except U
Sure Body Responsive:	All areas except U, CTV, LWT
Sure Sensitive:	All areas except U, CTV, LWT
Synergie Bio-Contour eye gel:	All areas except CTV
Wrigley's Extra and Orbit:	All areas



st

FOR ON THE SPOT PAIN RELIEF

(We just had to rub it in)

**PAIN
RELIEF
WITHOUT
PILLS**

FOR THE RELIEF OF BACKACHE, RHEUMATIC & MUSCULAR PAIN, SPRAINS AND STRAINS.

Product Licence held by Diomed Developments Ltd. Further information available from DDD Ltd., 94 Rickmansworth Road, Watford, Herts WD1 7JJ. Active ingredient ibuprofen B.P. 5.0% w/w.

ribing Information
 ntation: White uncoated
 vex tablets scored with an 'N',
 containing 25mg. of
 enhydramine Hydrochloride
 ses: An aid to the relief of
 orary sleep disturbances.
 ge and Administration: Two
 ts to be taken 20 minutes
 e going to bed, or as directed
 physician. Not recommended
 children under 16 years.
 ra-indications, warnings etc:
 nsensitivity to diphenhy-
 line. Asthmatic attack.
 ow angle glaucoma, prostatic
 trophy. Stenosing peptic
 Pyloroduodenal obstruct-
 Bladder neck obstruction.
 nts receiving monoamine
 se inhibitors should not
 ve Nytol. Nytol is not
 mended during pregnancy
 or lactating mothers. Nytol
 ld be used with caution in
 nts with myasthenia gravis.
 produces drowsiness/
 tion soon after dosing and
 ffect ability to drive/use
 hines. Tolerance may develop
 continuous use. Side-effects
 rted included dizziness,
 siness, grogginess, dryness
 outh, nausea and nervous-
 Antihistamines have been
 rted rarely to cause throm-
 topenia. **Pharmaceutical**
 utions: Store in a dry place.
 l Category: P. Basic N.H.S.
 Bottles of 20 tablets, £1.35
 (£1.99). **Product Licence**
 umber: 0036/0050 **References:**
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 please write to the nearest
 representative on request from
 a medical practitioner. **Divi-
 sion of Pharmaceutical Products, Glaxo
 Limited, Welwyn Garden City,
 Herts. SG12 8TN.**
 © 1982 Wellcome April 1982

**A new arrival that won't keep
anyone awake at night.**

Nytol **CLINICALLY PROVEN FOR TEMPORARY SLEEP PROBLEMS**^{1,2}

Help your customers gently fall fast asleep with Nytol.

Gillette launch Sensor for women

Gillette are launching the first shaving system exclusively for women in August.

The Sensor for Women razor has spring-mounted twin blades and a pivoting head similar to the men's razor. It has a wider handle for easy grip, especially with wet hands.

A Lubra-strip containing aloe and extra moisturisers helps alleviate dryness and irritation after shaving.

Gillette is backing the launch with a £1.5 million three-month promotional campaign starting in September, including TV, Press and sampling.

The razor with two cartridge blades retails at £3.99 and a pack of five replacements blades costs £2.99.

Gillette advise that the Sensor for Women should be merchandised along with the men's razors as that is where women already look to buy razors.

The product, launched in the USA last year, took a third of the market in the first two months. **Gillette.** Tel: 081-560 1234.



Mystery Shoppers reaches second stage

Zyma Healthcare are to launch the second stage of their "Mystery Shoppers" training initiative for pharmacy assistants.

Representatives will be handing out leaflets detailing the activity from August, then Mystery Shoppers will be visiting pharmacies nationwide from the end of September as a follow-up to the product training information folders.

They will make ten visits

a day and will be offering a variety of prizes. A £10 Marks & Spencer voucher will be awarded for correct information and recommendation of brands.

Assistants who have been recommended correctly will be entered into a free draw by the Mystery Shopper to win a £250 shopping spree in M&S, to be held at the end of September. **Zyma.** Tel: 0306 742800.

First Choice say feeding can be fun

A talking fork and spoon, singing medicine dispenser and musical toothbrush are new from babycare company First Choice.

Yummy Yummy is an interchangeable spoon and fork attached to a bib, which speaks to encourage the toddler to eat.

Yucky Yucky is a singing

medicine dispenser. Brushy Brushy is a musical toothbrush, designed to encourage children to clean their teeth. All products come in blue, pink or white, and Yummy Yummy also comes in yellow. **First Choice.** Tel: 0353 668128.

Travel pot for toddlers on the move

A lifesaver for mums and dads is how Jackel describe their new Travel Potty.

The product was acquired from Lewis Woolf Griptight (known as Potette) and has been relaunched. Improvements

include better fitting disposable bags.

The potty folds away into a carry bag for travelling. It retails at £5.99 and refill bags of ten liners are £1.99. **Jackel Intl.** Tel: 091-250 1864.



SMA weaning guide

Weaning — a Step by Step Guide has been produced as part of the "Solid Foundations for Health Initiative" review of current weaning information to support healthcare professionals and parents.

The leaflet, from SMA Nutrition, contains information on when, how and why to wean, along with recipes for various ages with vegetarian and ethnic ideas.

Copies can be obtained from: **Healthy Response, Department PR2, PO Box 21, Godalming, Surrey GU7 1YS.**

Own-label offers at Numark

Numark are running a number of special offers on their own-label range throughout July.

Packs of ibuprofen and paracetamol are available at 14 for the price of 12. With any six outers of selected OTC medicines, pharmacists will receive a free outer of cold sore lotion.

Babycare products are reduced by up to 15 per cent, with reduced RSPs. The retail price of Numark pre-brush dental rinse and fabric and waterproof dressing strips will be reduced to £0.99. **Numark.** Tel: 0827 69269.

Milupa cash raffle

Pharmacists can win back the value of their order, or £50 cash, in a Milupa raffle which runs until October.

For every five cases of Milupa food or drink, or

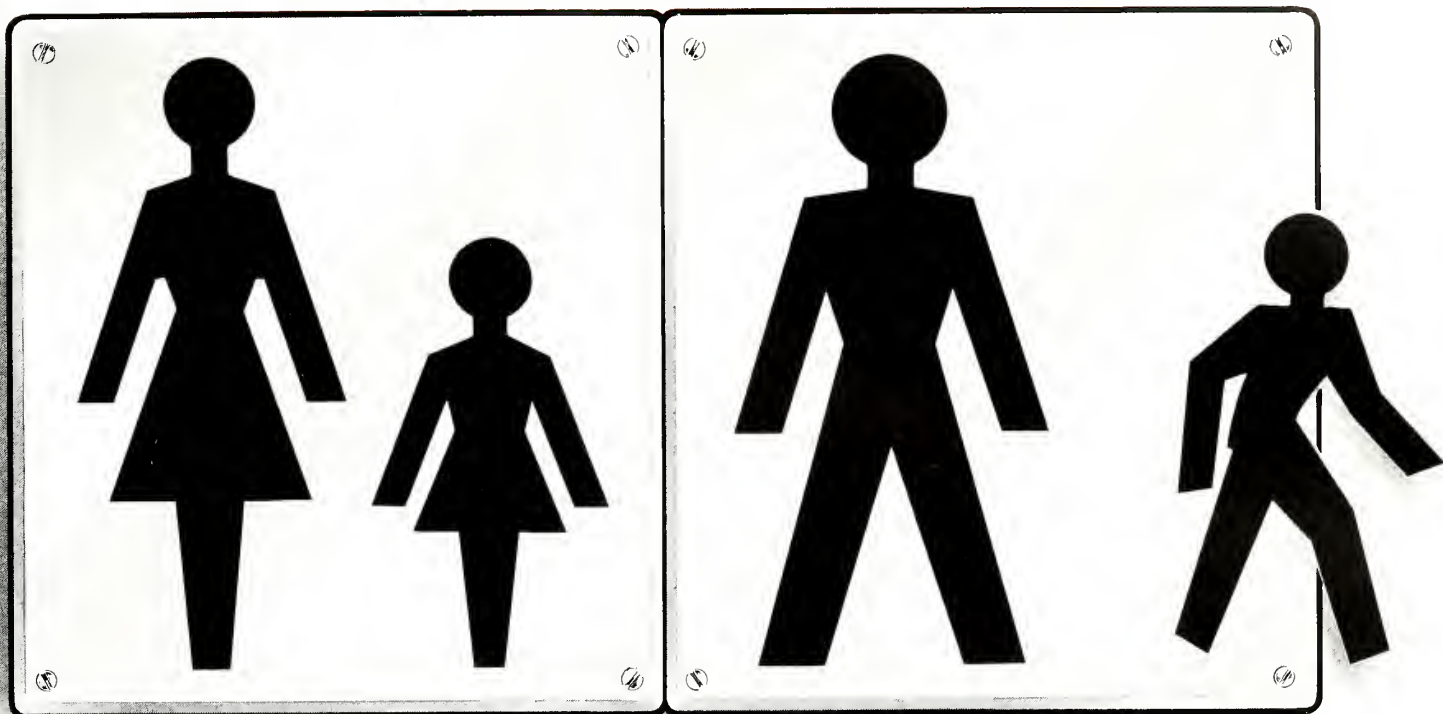
each single case of infant milks, the pharmacist will receive a raffle ticket. One draw a month will be made. **Milupa.** Tel: 081-573 9966.

£4m+

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Not all family antidiarrhoeals treat the whole family.



The family antidiarrhoeal that your customers buy for their families could turn out to be something of a disappointment.

That's because the OTC loperamide brands cannot be taken by children under the age of twelve, and may only contain enough tablets to treat just one or two people. And that could really be a problem if the family's away on holiday or unable to get to a pharmacy.

J. COLLIS BROWNE'S Tablets are not only suitable for children over six years of age, a large pack of 36 tablets will treat up to two adults and two children for a whole day.

J. COLLIS BROWNE'S Tablets are going to be extensively advertised during the coming months so make sure you have plenty in stock.

Then you can be sure that the antidiarrhoeal you recommend is one the whole family can benefit from.



Also available as a liquid.

**J. COLLIS BROWNE'S
TABLETS**

**TREATS CHILDREN FROM THE AGE OF SIX
AND TREATS THE FAMILY FROM A SINGLE PACK.**

Product information. Indications: For the symptomatic relief of occasional diarrhoea in colic, mild forms of gastro-enteritis, mild food poisoning and holiday upset stomach. **Active ingredients:** Morphine hydrochloride Ph. Eur – 0.35 mg, light kaolin B.P. – 750 mg, calcium carbonate, heavy Ph. Eur – 200 mg. **Dosage and administration:** Not more than 6 doses to be taken in 24 hours. **Adults:** 2–3 tablets at once, then 2–3 tablets every four hours. **Children aged 6–10 years:** One tablet at once, then one tablet every four hours. Not recommended for children under 6 years. **Contra-indications, warnings etc.:** In addition to taking the tablets, it is important to replace body fluids lost during diarrhoea. **Retail price:** £1.99 – pack of 18 tablets. £2.99 – pack of 36 tablets. **Product licence number:** PL 0337/0210. **Product licence holder:** Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge CB4 4GW, UK. Tel: 0223 424444. Further information is available from Napp Laboratories Ltd. Napp Consumer Products Division. © J. COLLIS BROWNE'S and the Napp device are Registered Trade Marks. © Napp Laboratories Ltd. 1993.

NAPP

THE CRÈME DE LA CRÈME



Ever since it was introduced over 40 years ago, Cream E45 has been dominating other therapeutic moisturisers.

At this time, it has about 80% of this market, both in units sold and sterling value.¹ And its rate of sale is 6 times that of the nearest competitor.²

It's not just the dry skin market, either. The sales of Cream E45 put it in the top 10 of all pharmacy OTC brands, regardless of product category.³

So to all our competitors, hard luck. And to all the pharmacists who support Cream E45, merci beaucoup.



E 4 5 D E R M A T O L O G I C A L S K I N C A R E

Management of burns

While the incidence of fatality due to burns is decreasing, it is still a major cause of morbidity among the general population.

In the USA, it is estimated that each year 2.5 million people seek medical care for burns¹. The exact number of patients in the UK receiving hospital treatment for burns and scalds is not known, but estimated to be more than 10,000 per annum².

Some of these patients are treated in general hospitals while those with extensive, deep injuries or those with burns in areas of functional or cosmetic importance are treated in specialised burns units. Some of these patients must spend many months in hospital, thus making high demands on financial resources as well as medical, nursing and support staff time and energy.

The treatment of burns involves a range of healthcare professionals including:

- plastic surgeons
- anaesthetists
- intensive care specialists
- specialist burns trained nurses.

The support services involved at various stages of the patient's treatment include:

- pharmacists
- dieticians
- occupational therapists
- physiotherapists
- social workers
- psychologists.

Epidemiology

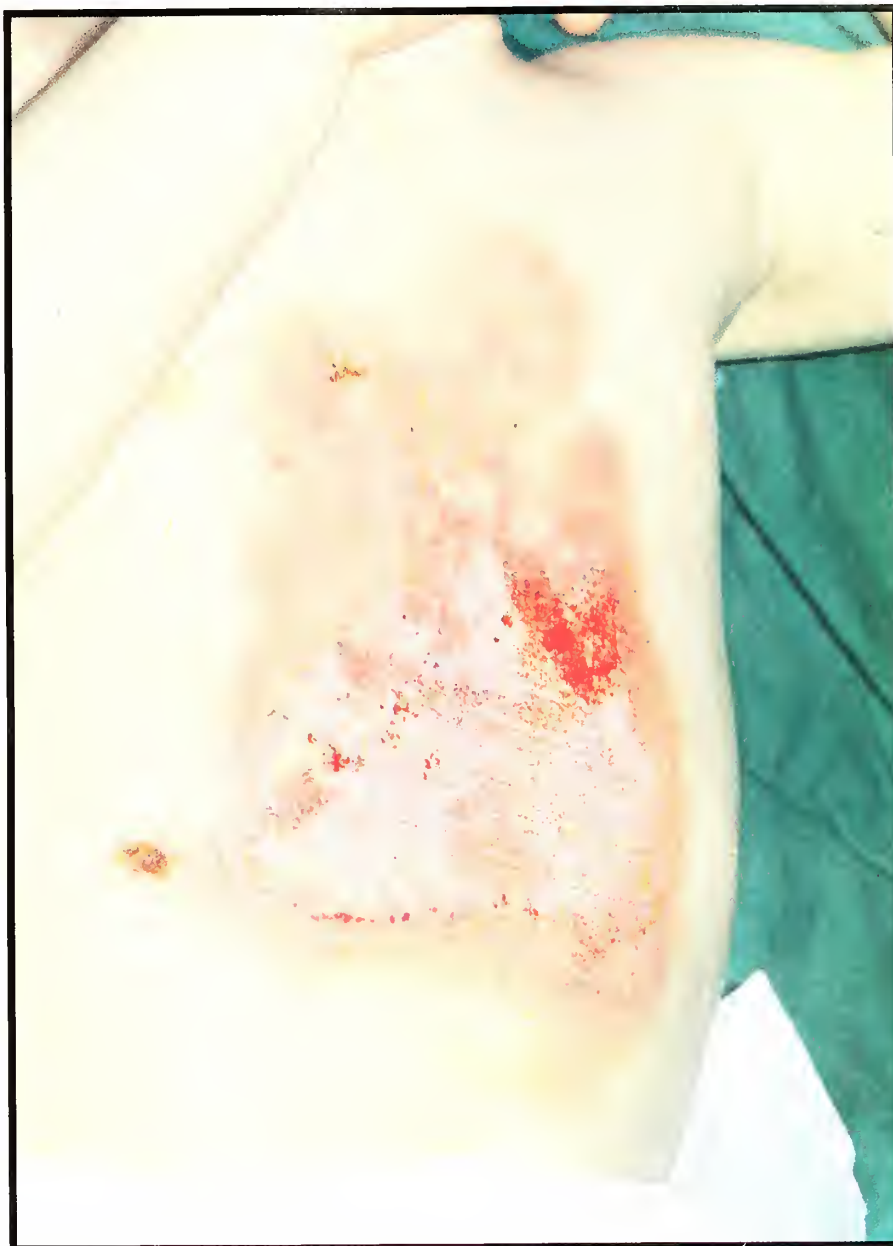
Burn injury can occur at any stage of life as a result of many different situations and causes. It is estimated that about 70 per cent of all burns and scalds occur in children less than five years old. These injuries account for 20 per cent of all accidents in this group. About 80 per cent of burns occur in the home³.

The incidence of burns and

scalds is estimated to be 4.7 per 1,000 population, and the number of productive years lost due to burns is greater than from cancer or heart disease, due to the early age at which burn injuries occur.

The number of burn and scald injuries that require

hospitalisation in the UK each year is certainly in excess of 10,000. There are 45 specialised units for the care of these patients throughout the country providing a total of 570 specialised burn beds. At least 600 deaths related to burns are recorded annually.



Duncan McRobbie, clinical services pharmacist at the Queen Victoria Hospital's Regional Burns and Plastic Surgery Unit, outlines the various types of burns, their treatment and possible complications

A 5 per cent scald on a child caused by hot tea

Classification of burns

The seriousness of a burn injury depends not only on the size and depth of the area but also on its location and the age and general medical condition of the patient.

• Size of the burn

The size of a burn is measured as a percentage of the total body surface area (% BSA).

The Rule of Nine (Figure 1) described by Wallace in 1951 is still commonly used as an aid to estimating the size of the injury in adults⁴. A more accurate assessment can be made using the Lund and Browder Chart. This needs to be adjusted for children because of their different proportion of body surface area.

• The depth of the burn

The depth of the burn is determined by:

- temperature of the source of injury
- duration of the contact.

For example, contact with hot water at 60°C for one second causes only superficial damage, but a 10 second contact will produce irreversible damage to skin tissue.

The depth of a burn can be classified

as partial or full thickness. • Partial thickness burns involve only the epidermis and the upper layer of the dermis. These burns can further be divided into superficial or deep dermal, depending on the extent of dermis that has been damaged (Figure 2).

A partial thickness wound will generally heal spontaneously within two to three weeks provided appropriate care is taken. This will occur as the squamous

Continued from page i

epithelial cells grow in from the edges and also from around hair follicles and sweat glands producing islands of new dermal cells. In deep dermal injuries, skin grafting is often performed to decrease complications and improve cosmetic outcome.

• In a full thickness injury, all components of the skin are damaged. This may extend to underlying structures such as muscles, tendon or bone. As dead tissue serves as an excellent medium for bacterial growth, early excision and debridement is most often performed. Reconstructive procedures are then necessary to repair the tissue damage.

Special attention is needed in areas of functional or cosmetic importance (Figure 3). Burns in these areas should always be seen at a specialist centre, where treatment will concentrate on providing a return to function and cosmetic appearance for the patient.

Inhalation injuries

Inhalation injuries are of great concern. Hot gases can produce burns as far down as the terminal bronchi, but only steam can produce thermal damage in the alveoli, an unusual injury with a very bad prognosis.

More common are smoke inhalation injuries. The combustion of various substances, but especially polyvinyl chloride (PVC) and polyurethane foam, generates compounds which are particularly corrosive to lung tissue. Corrosive damage to the alveoli may cause a decrease in lung function and, as a result, patients often need ventilation.

Acute treatment of major burns

Patients with severe burns present with several problems the most important being:

- airway problems
- fluid depletion
- shock.

Respiratory complications

Improved resuscitation and infection control have resulted in increased survival of patients who have experienced severe burn. As a consequence, pulmonary complications have emerged as a major cause of morbidity and mortality, occurring in approximately 25 per cent of hospitalised patient and accounting for up to 70 per cent of thermal injury deaths.

Pulmonary complications may be as a result of direct damage or result in delayed complications (Table 1). Treatment is focused on establishing and maintaining an airway and ensuring adequate ventilation and oxygenation. Patients may need to be ventilated and sedated.

Treatment of shock

Immediately after a burn is sustained there is an increase in capillary permeability which will continue for the next 48 hours. This causes the capillaries to leak water, electrolytes and proteins, like albumin, from the



Table 1: Preliminary complications after surface burns and/or inhalation injury

- 1: Direct inhalation damage, eg bronchospasm, airway obstruction, atelectasis, pulmonary oedema
- 2: Adult respiratory distress syndrome
- 3: Delayed complications, eg pneumonia, pulmonary emboli

Table 2: Aim of limited treatment

- Prevent bacterial growth
- Prevent conversion of a partial thickness wound to a full thickness wound
- Prepare the partial thickness wound for spontaneous healing
- Prepare the full thickness wound for skin grafting
- Reduce scarring and contractures
- Provide comfort and support for the patient causing minimum pain and maximum mobility

vascular space into the interstitial space of tissue. The result of this is oedema and, with larger burns, hypovolemic shock (the inability of the circulatory system to meet the needs of the tissues for oxygen and nutrients and the removal of metabolites).

The volume of blood and plasma is decreased, so cardiac output is decreased causing a reflex increase in heart rate. Circulation to the kidneys is lessened and urine output is diminished. An increase in viscosity of the blood leads to micro-thromboses of the fine peripheral capillaries.

In addition, haemoglobin, released during the burn injury, may block renal tubules and also lead to renal failure. This, in combination with the loss of the integrity of the skin and the resultant fluid loss, requires urgent and aggressive fluid replacement in major burns, especially those over 15 per cent BSA in adults and more than 10 per cent in children.

There is still controversy as to

Superficial burns such as sunburn will usually heal spontaneously

which is the best fluid to use to adequately maintain the intravascular pressure. Intravenous crystalloids (eg normal saline) can accentuate tissue oedema since they move easily out of the intravascular space. Plasma expanders (eg Haemacel, Gelofusin) have also been used with some success.

In most burns units in the UK, resuscitation is achieved by using plasma protein substitutes (Human Albumin Substitute HAS) in combination with crystalloids. Oral or nasogastric feeding is instigated as soon as possible to replace fluid volume, meet nutritional requirements and prevent stress ulceration.

The amount of fluid required can be quite staggering, and can be calculated using the Muir & Barclay formula:

$$\frac{BW \times \% \text{ BSA burned}}{2} = \text{ml/period}$$

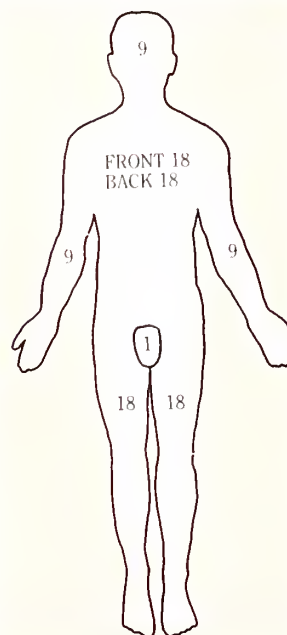
where BW is bodyweight in kg

This gives a guide to the replacement volume required for each period in the shock phase.

The shock phase is divided into three periods of four hours each, followed by two periods of six hours each, followed by one 12-hour period. Thus an 80kg man with a 30 per cent burn would require 1,200ml of plasma substitute over each period and more than seven litres during the resuscitation period.

Fluid balance, haematocrit, haemoglobin and urine osmolality are carefully monitored during this phase. The goal for each patient is to achieve rehydration within 48 hours without precipitating peripheral failure, renal

Figure 1: Rule of nines



failure or pulmonary oedema.

Treatment of pain

Pain is experienced by almost every patient who has been burned. In severe burns, appropriate pain relief needs to be given even during the resuscitation phase. In less severe burns, the pain may be the most significant complaint and analgesics may be the most urgent therapy.

Various stimuli such as wound dressing changes, physiotherapy and even minor movements like turning the patient may cause considerable pain.

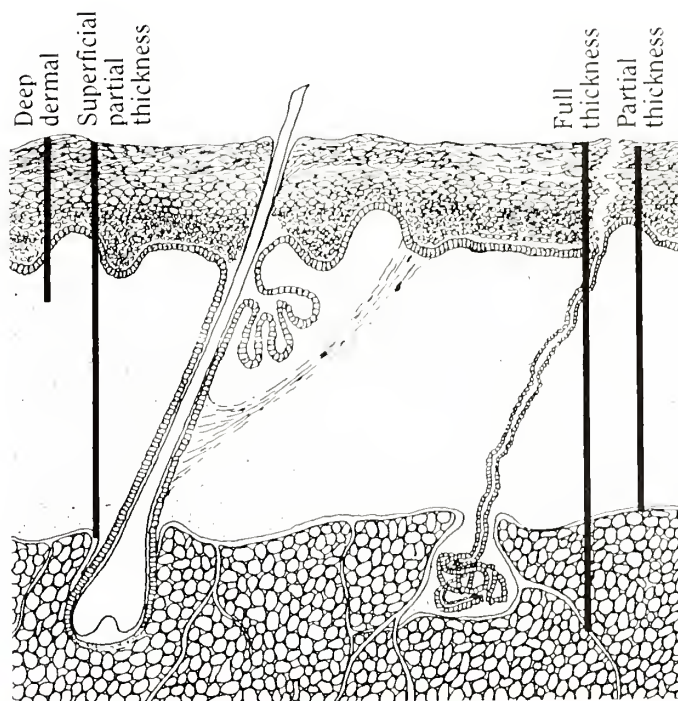
Opioids remain the mainstay of analgesia in most cases. These should be administered by continuous intravenous infusion in the acute phase, as the change in peripheral circulation may result in decreased absorption from the intramuscular (IM) site.

As the patient improves, so the IM or oral route may be used. Patient controlled analgesia (PCA), whereby the rate of opioid infusion is controlled by the patient, is very useful if the patient is well enough to understand and operate the device.

Non-steroidal anti-inflammatory agents have been shown to be effective agents to use once the initial phase in severe burns is complete, or as a first-line agent for the management of pain resulting from minor burns.

Regional analgesia,

Figure 2: Diagrammatic cross-section of the skin showing the different depths of burns



inhalation analgesia with Entonox, PCA, and general anaesthesia are all tools available to adequately control burn pain when the clinical demands.

Topical therapy

Various wound dressing materials are used to aid the healing of burns. Frequency of dressing changes ultimately depends on the condition of the patient and the extent of the injury.

In general, dressings should be kept intact as long as possible to allow maximum healing to take place and minimise the patient's pain and discomfort. The aims of topical treatment are laid out in Table 2. The type of dressing used has a significant influence on the amount of pain experienced, especially for donor sites.

Superficial wounds

Superficial wounds should be cleaned and may be dressed with:

- Paraffin tulle dressings (eg Jelonet)
 - Chlorhexidine tulle dressing (eg Bactigras)
 - Hydrocolloids (eg Granuflex)
 - Alginates (eg Kaltostat)
- depending on the amount of exudate produced by the burn. Dressings should be left intact for between four and five days unless the clinical condition demands an earlier dressing change.

Continued on page iv

WELCOME TO THE BECLAZONE

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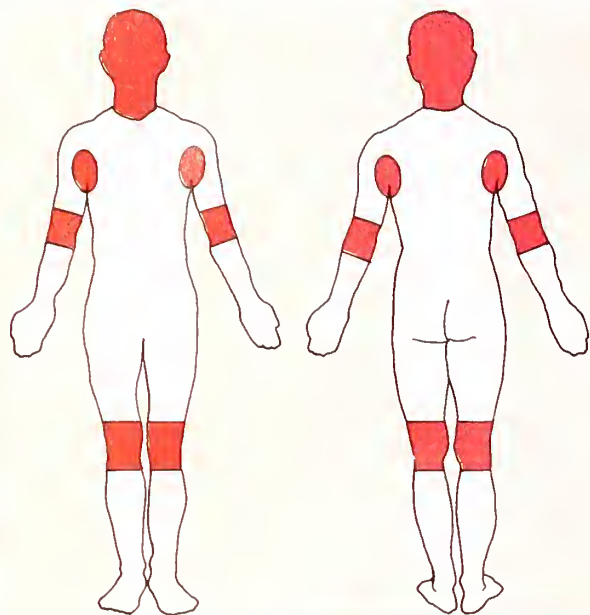
Beclazone

50mcg 100mcg 250mcg

beclomethasone dipropionate INHALER

Further information is available on request from Baker Norton, Gemini House, Flex Meadow, Harlow, Essex CM19 5TJ. 'Beclazone' is a trade mark. Prepared March 1993.

Figure 3: Special attention is needed for areas of functional or cosmetic importance



Continued from page iii

Dermal and mixed depth burns

Dermal and mixed depth burns should be conscientiously cleaned and adequately assessed. Should surgical intervention such as debridement of the tissue and skin grafting be needed, then a conservative approach is adopted. Topical antibacterial agents used include:

- Povidone iodine (eg Betadine, Iodine)
- Silver sulphadiazine (eg Flammazine).

Care should be taken in using povidone iodine on large wounds as the iodine may be absorbed. Should patients be referred to a specialised centre, silver sulphadiazine should not be used as this will macerate the skin and make accurate assessment difficult.

Deep dermal and full thickness

Once the injury has been assessed as being full thickness and conservative treatment is decided upon, prevention of infection and preparation of the site for grafting are very important. This is achieved in the UK by the use of silver sulphadiazine cream. In Europe this is combined with cerium nitrate (eg Flammacerium). Both preparations are equally effective. While the manufacturers recommend daily dressing changes, this may not always be appropriate, and alternate day treatment is often given to patients with major burns.

Hypermetabolism

The metabolic rate of patients with severe burns increases in relation to the size of the burn. Patients with greater than 50 per cent BSA burn will have resting metabolic rates twice that of normal. Heat loss via radiation and evaporative



Hypertrophic scarring after a small burn causes cosmetically unacceptable results

water loss, in combination with a raised core temperature, are thought to be the cause of this catabolic state⁷.

These large energy losses are met by three main approaches:

- reducing heat loss (increasing ambient temperature, dressings)
- speeding healing (allo

and/or xenografts)

- maintaining adequate nutrition (enteral feeding, total parenteral nutrition).

Early nasogastric feeding may decrease gastro-intestinal stasis and prevent stress ulceration.

Stress ulceration

It is well recognised that

Scar contracture may lead to loss of function and needs further surgery to correct

patients in an intensive care situation are more at risk of developing gastric ulceration due to the stress of the situation⁸. A myriad of research has investigated the pathophysiology relating to this condition and most effective prophylaxis.

Decreasing acid production by giving H₂ receptor blockers (eg ranitidine, cimetidine) or increasing mucosal protection using sucralfate are common approaches. As use of H₂ blockers results in an increase in gastric pH, in theory, patients, especially those being ventilated, are at risk of developing aspiration pneumonia due to bacterial overgrowth in the gastro-intestinal tract. The relative importance of this risk has not yet been established.

Complications

Complications of burns include infection and scarring.

Infection

It is now accepted that thermal injury can depress the immune system. Burn wound infection arises from opportunistic colonisation of the wound by commensal bacteria. Initially, wounds may be contaminated due to the nature of the injury, eg if the patient has rolled around in the dirt to put out the flames.

Attention to effective wound toileting and early removal of dead tissue, which is an excellent medium for bacterial growth, will decrease the amount of bacterial colonisation. Topical prophylaxis should be started as soon as possible.

Most infections in the first three to four days post-burn will be due to Gram-positive organisms, particularly *Staphylococcus aureus*. Streptococcal infections are less

Continued on page vi

THE UK MARKET LEADER

- **Best selling smoking cessation product -**

56% share of nicotine patch total cash sales ¹

- **Leading nicotine patch in the prescription market -**

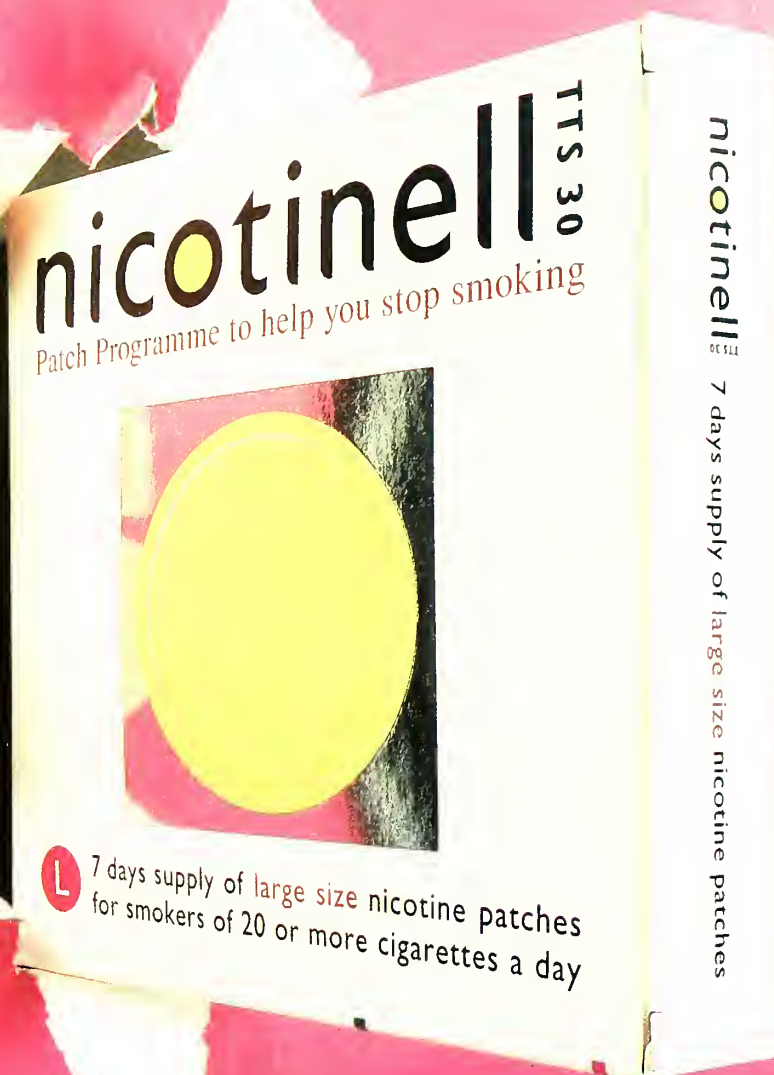
More than twice the market share of any other nicotine patch ²

- **Leading nicotine patch OTC -**

54% share of sales events in the OTC nicotine patch market ³

- **Leader in TV advertising recall -**

2nd place 2 weeks running for prompted recall of NICOTINELL advertisement above PG Tips, Kellogg's Cornflakes, Coca-Cola and all other nicotine products ⁴



MAKE YOUR PROFITS SWELL - RECOMMEND[®] NICOTINELL

1. Nielsen Jan/Feb 1993. 2. Scriptcount 4 weeks to 26 March 1993. 3. Based on number of sales events. Counterpoint, smoking cessation, nett data, Jan- March 1993. 4. Adwatch, Marketing 25 March and 1 April 1993.

Geigy

Continued from page iv

likely. After this period, the majority of infections are due to Gram-negative organisms, of which *Pseudomonas aeruginosa* is a particularly common offender. In extensive burns, anaerobic bacteria, especially bacteroides, may occur at the latter stage.

Colonisation of a burn wound with bacteria does not necessarily equate with systemic infection, and topical treatment should be used when no signs of systemic infection are present. However, once signs of systemic infection are present, then these should be treated aggressively. Appropriate antibiotics can be empirically selected according to the length post-burn and the appearance of the wound. This treatment should always be confirmed by undertaking microbiology sensitivities.

With the increasing resistance of bacteria to the common antibiotics, the newer and more expensive drugs are often required to combat infection. It is therefore important, especially in burns units, that there is a sensible infection control policy. The emergence of methicillin-resistant strains of *Staphylococcus aureus* (MRSA) and the increasing resistance of *Pseudomonas* spp. to common antibiotics is of great concern.

Scarring

There is a tendency for recently healed split skin grafts to contract. This can lead to disfigurement and disability, and many burns patients need further surgery to divide tight scar contractures. Hypertrophic and keloid scars may also occur in sensitive individuals. The application of pressure garments and intensive physiotherapy may prevent some scarring. Keloid scarring can be cured by using injectable steroids.

First aid for burns

A recent study conducted at the Birmingham Accident Hospital showed that more than half of patients did not receive effective first aid at the time of the injury¹¹. Effective first aid as recommended by the British Burns Association¹² is summarised in Table 3.

Removal of the source of heat is vital, as the damage that occurs is proportional to the temperature and the length of contact time. This is especially overlooked when children scald themselves with hot water.

Prompt application of cold water quenches the heat and eases the pain. It does not hinder the examination of the wound nor the choice of wound dressing. Other products, eg butter, toothpaste, ointments and creams should be avoided. The application of cold water should not exceed 20 minutes as there is a risk of hypothermia.

Topical applications should be confined to cold compresses or sterile dressings. Clingfilm will not stick to the wound and avoids the problems of excessive cooling. All but the most superficial burns should be seen in casualty.



Skin grafting is a mainstay of burns treatment. The donor site will heal spontaneously in 10-14 days

Table 3: First aid for burns

Remove the source of heat
Apply cold water until the pain is relieved
Use clingfilm/wet compress covering
Casualty department assessment

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Summary

Most people suffering a burn injury will recover without active medical intervention. However, in a significant number, their injury will be severe enough to warrant hospitalisation, and in an unfortunate few these injuries will result in death.

Due to the development of specialised burns units, aggressive resuscitation, infection control and greater understanding of wound healing, this mortality is declining¹⁴. Successful treatment, therefore, is judged not only by survival, but also by functional and cosmetic outcome.

To achieve this requires a high level of input from healthcare professionals. First aid for burns is poorly carried out and may result in what should have been minor injuries becoming severe.

Pharmacy counselling and ethnic minorities

An understanding of the illnesses and health problems that particularly affect ethnic minorities and non-English speakers in Britain will help pharmacists in providing appropriate advice and healthcare. Pharmacist Catherine Duggan of the Centre for Pharmacy Practice, The School of Pharmacy, University of London, outlines some of the issues

Identifying and caring for the special and distinctive needs of ethnic minorities is a test of the flexibility of the NHS. During the past ten years, there has been a steady increase in knowledge of the diseases to

which ethnic minorities are susceptible. In addition, there is now a better understanding of the experience of migration, conditions of host communities and the perceptions of minorities on illness

and the use of health services.

Ethnic minorities

An ethnic minority group may be described as a social group with a distinctive language, values, religion, customs and attitudes. In the UK there exists a wide variety of such groups:

- Turks
- Greeks
- Cypriots
- Irish
- Indians
- Pakistanis
- Poles
- Chinese
- Bangladeshis
- Jews
- West Indians.

An attempt to apply the category of "ethnic" to all groups invariably comes up against problems of definition, so the concept is by no means uniform. Sometimes the term is used in the same context as "migrants" (those not born in the UK), but it could be argued that there are British-born members of ethnic minorities, second generation Irish, West Indians and people from the Indian sub-continent or Cyprus, who still retain a distinctive cultural style.

Migrant behaviour

Bagely (1975) has identified two kinds of relationship between migrants and hosts.

- The first is assimilation, where the migrant group is dispersed and absorbed into

the host community.

• The second is plural accommodation in which the migrant group retains its own culture and ethnic identity, while at the same time being accepted by the host community.

But Bagely claims that both types of relationship have been frustrated in the UK by racial discrimination which reinforces disadvantages in education, language, housing and employment.

Disease and mortality

The pattern of disease among migrants tends to reflect that of their home country but in a milder form, suggesting that it is the healthier, younger members of the population who emigrate. People who migrate to this country have lower mortality, standardised for age, than people in their home country. However, mortality is higher at every age than for the equivalent population of England and Wales. The patterns of illness for ethnic minorities are likely to be different for one or two generations, after which they may approximate more closely that of the host country.

A study of coronary heart disease among Japanese-Americans showed that those who had adopted the American

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lifestyle had a three to five-fold excess in coronary heart disease prevalence over those who had maintained a traditional way of life. The difference in coronary heart disease patterns could not be accounted for in the major coronary risk factors.

The major health problems of migrants to the UK include:

- tuberculosis, liver, buccal and oesophageal cancer in immigrants from the Indian sub-continent
- prostatic cancer in those from the Caribbean and Africa.
- blood diseases include sickle cell anaemia, particularly in those born in the Caribbean.
- thalassaemia, an inherited disorder of Cypriot communities.

There are also high rates of heart disease in men and women from the Indian sub-continent. This is exemplified by studies that show the rate for myocardial infarction among East London Asians to be 130 per cent above that of the London-born.

Mortality rates from strokes and hypertension are very high in immigrants from the Caribbean and Africa and, to a lesser extent, in Indian immigrants. Diabetes mortality is also high among individuals born in the Caribbean and Indian sub-continent.

An appreciation of symptoms and diseases that are known to affect certain minority groups can enhance the performance of a healthcare professional such as the pharmacist. They can impart useful information about diseases and their symptoms, identify problems successfully and refer patients where necessary. Providing a service and appropriate advice on healthcare, particularly in a language the patient can understand, will increase the trust between the patient and the community pharmacist.

Social differences

In general, immigrant groups do not show the typical UK relationship between mortality and social class. With diseases of the circulatory system, for example, the highest rates for Indian and Caribbean men are in social class 3, non-manual, and for those from Africa there

are peaks in social classes 1 and 5. The pattern among those from the New Commonwealth and Pakistan bears some relation to that of UK men 30 years ago, but without the influence of smoking, which tends to be lower in these immigrants.

Vitamin D deficiency

A few conditions are considered to be of major importance and have been the subject of greater research. Rickets and its adult equivalent osteomalacia are caused by vitamin D deficiency and are thought to be prevalent among the Asian ethnic minority.

The vitamin D content of the Asian diet, which is largely based on rice, chapattis made from refined flour and ghee, is low, although it has been suggested that in other respects the high fibre content of their diet is healthier.

There are many misleading reports that the high prevalence of health problems are specifically related to cultural practices. This has led to an unnecessarily narrow view of ethnic health problems and assumes that they can be remedied largely by better health education.

In addressing the issue of rickets, the DoH recommends that health education and vitamin D supplements should continue in a local initiative rather than enacted centrally. Pharmacists are ideally positioned to explain about the condition, alert those at risk, and suggest appropriate dietary supplements.

Access to facilities

Some services for ethnic minorities are inaccessible or unacceptable; few specialist facilities exist to deal with sickle cell anaemia. As the morbidity and mortality figures show, ethnic minorities retain the patterns of their country of origin, including high rates of diabetes, breathlessness and asthma, psychosexual problems and depression. Evidence from radio call-in programmes on personal and medical problems indicate that patients have difficulty obtaining adequate attention for complaints which

have less significance for the indigenous population.

Use of services

There seems to be less reluctance among ethnic populations to use the health services than might be expected. Community-based outreach services that have attempted to understand the needs of language and culture of ethnic minorities have been particularly successful. But studies to date have been mainly based on socially deprived inner-city communities, where the use made by the indigenous population of health services was below average.

A language barrier between the patient and a healthcare professional such as the community pharmacist can cause many problems with drug compliance. Patients may not understand the need to take a drug, when to take it or even how to take it.

Some pharmacists are fluent in a second language and, in areas with a high ethnic population, a few phrases in the patient's native language could prevent many medication problems.

Drug companies are beginning to recognise the need for information in languages other than English. An Organon booklet on the menopause and HRT for non-English speaking Asians is available in Urdu, Gujarati, Hindi, Punjabi and Bengali.

Hospital contacts

Contact with hospital raises many issues with ethnic minorities. Entering hospital is a stressful experience for most people. For those brought up in rural areas, with little or no experience of hospital before coming to the UK, the prospect can be very frightening — for example, a mother giving birth in a room surrounded by technology to which she is unaccustomed.

The embarrassment of many Asian women during a vaginal examination by a male doctor should not be underestimated and, where possible, women doctors should carry out this procedure.

Hospitals often seem ill-prepared for language barriers,

communication problems or knowledge deficit. The number of non-English speaking patients in a hospital often compares unfavourably with the number of interpreters available. This has a direct effect on the patient's comprehension of their condition, treatment and medication regimes.

The practical problems that may affect a patient's stay also need to be addressed, which include:

- pronunciation of Asian names
- specific dietary laws that exist in Islamic and Hindu cultures
- rituals associated with recovery and rest, especially after childbirth among Chinese, Pakistani and Bangladeshi women.

Traditional view

Traditional beliefs about illness may persist after migration, and so may the use of traditional practitioners and medicine. This may be instead of, or complementary to, western or "conventional" medicine. Unani or Ayurvedic medicine is characteristically used by rural populations in India and Pakistan.

For many people the practising person, or *hakim*, is often the only readily accessible source of medical treatment. Hakims may well have specialised insight into the problems of Asian migrants and have a better knowledge of family backgrounds. It is estimated that there are three or four in every large town in Britain.

But recent work shows that the *hakim* may now play a less important role than in the past, probably due to the westernisation of ethnic minorities and their adaptation to their surroundings. This issue can be addressed by pharmacists, especially in the community, in areas where minority groups are well established.

A pharmacist may need knowledge and insight when dealing with people who use traditional remedies. Effective communication can help the patient to understand their therapy and its importance. For example, patient education may overcome a refusal to take conventional medicine during religious festivals.

A NEW GENERIC FROM Mepra-pharm



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Win a bathrobe with Nature System



Roger & Gallet is a name synonymous with quality. Founded in 1806, generations have grown up with this luxurious brand. Roger & Gallet - a name steeped in tradition - is launching a totally new concept range: Nature System, a range of personal care products to meet the needs of both men and women.

Nature System is based on gentleness, purity and natural plant elements. The fragrance is fresh, green and woody making it suitable for both men and women.

The products contain no artificial colourants for better protection of our environment and naturally, healthier skin. The packaging is virtually 100 per cent recyclable and formulas are biodegradable.

As far back as ancient times, the use of plants in beauty preparations has been widespread. Handed down through the ages, this knowledge has been fused with scientific research to develop the science of cosmetics through plants. From extensive research, Roger & Gallet have selected plant extracts with caring properties which help restore the natural equilibrium of the skin.

Each Nature System product offers gentleness through the properties of two active plant extracts which help to revive and stimulate the skin.

The range

Nature System offers a comprehensive range of products to provide the essential steps of a daily personal care regime - cleansing, stimulating, hydrating and protecting.

The range consists of ten products which are suitable for use by all skin types. Eau de Toilette Aromatique with energising plant extracts of Sea Fennel and Cypress; Hair and Body Shampoo with stimulating plant extracts of Sea Fennel and Cypress; Gentle Body Lotion with hydrating plant extracts of Harpagophytum and Jioh Extract; Protective Cream with hydrating plant extracts of Sea Fennel and Jioh Extract; Soap with soothing plant extracts of Sea Fennel and Meadowsweet; Stick Deodorant with soothing plant extracts of Sea Fennel and Meadowsweet; Cleansing Face Gel with purifying plant extracts of Harpagophytum and Saponaria; Shaving Foam with protective plant extracts of Sophora and Centella Asiatica; After Shave Lotion with soothing plant extracts of Sophora and Meadowsweet.

The Competition

Roger & Gallet are offering three lucky pharmacy assistants the chance to each win a luxurious Nature System bath robe. Ten runners-up will each receive a goodie-bag of Nature System products.



How to enter:

Simply answer the three questions below and return them to :-

Nature System Competition, Chemist & Druggist, Benn Publications Ltd,

Soveriegn Way, Tonbridge, Kent TN9 1RW:

1. How many products are available in the Nature System range?.....

2. Is Nature System suitable for both men and women?.....

3. Which product contains the plant extract of Sea Fennel and Jioh Extract?.....

Name.....

Address.....

Rules: 1. The details shown in the text form part of the terms and conditions of this competition. 2. All entries must be made on a form cut from this publication. Incomplete or illegible entries will be disqualified. No purchase is necessary. 3. There is no cash alternative for the prizes. 4. The competition is not open to employees of Roger & Gallet or Benn Publications. Closing date July 31, 1993.

Scents of adventure

There is nothing like some good, old fashioned price-cutting to stir up a bit of a stink in an established market. With a determined move by Superdrug to offer fragrances at lower prices, and an investigation into alleged restrictive practices by the Monopolies Commission due to be completed mid-August, the fine fragrance sector is experiencing an upheaval that is still gathering momentum.

How far the changes will go is anybody's guess. The MMC report will go to the Department of Trade which has two months to consider its recommendations before pronouncing. The end of October should, therefore, put the main protagonists — French perfume houses and Superdrug — back into the headlines.

Leading suppliers cited by the Office of Fair Trading in its referral to the MMC include Chanel, Yves St Laurent, Givenchy and Christian Dior. In announcing his decision, OFT director Sir Bryan Carsberg acknowledged that some manufacturers have been given exemptions by the European Commission to apply certain restrictions.

His concerns centre on whether, if they are acceptable in principle, the qualitative restrictions — that the location, name and fittings of the retailer must reflect the prestige of the product — are being applied even-handedly.

"I particularly want the MMC to consider whether there is any evidence to support the allegation that the restrictions are being applied in order to maintain resale prices in a manner that would be illegal if undertaken directly," he said.

So far the war of words in the media has been won by Superdrug, who have taken on the mantle of the consumer's friend, fighting for lower prices against the restricted distribution and high prices of the fine fragrance houses.

Even though Superdrug have persuaded the OFT to refer the issue, the company is not hanging round for the outcome. Last month, buying and marketing director Geoff Brady announced that glass and chrome perfume counters will be moving into a further 15 stores before Christmas to take the total offering fine fragrance to 60.

Last year, he says, Superdrug took 2 per cent of the market and he expects that to rise to 5 per cent after Christmas 1993: "After the two big department store chains and Boots, we will be the fourth largest supplier."

There are indications that Superdrug's quest for recognition as an authorised supplier is beginning to pay off. Carven Worth have agreed to supply product, and Mr Brady claims to be talking to two or three other suppliers.



"Admittedly they are at the bottom end of fine fragrance, but I regard them as the thin end of the wedge. As far as we are concerned, things are moving ahead satisfactorily."

But there are indications that the grey market through which non-agency outlets have to source product is being increasingly tightly policed by the suppliers. Fine fragrance houses such as Givenchy say their Euro retailer contract, which has been vetted and approved by the European Commission, will make it increasingly difficult to source product on the Continent.

Their determination to limit the parallel import market was evident at the Frankfurt Premiere Spring Show when 12 French perfume houses — including Chanel, Guerlain and Yves St Laurent — shared a stand to "communicate with customers about the parallel importation of selected distribution perfumes, and the potential breakdown of their working practices and market".

Even Mr Brady acknowledges that most of his stock comes from the USA, although he suggests some European suppliers are prepared to turn a blind eye to consignments coming his way: "We would not be increasing from 45 to 60 stores if we could not support them."

Last year the grey market was well supplied because of global recession and the Gulf War — fewer travellers meant an excess of duty-free stock. This slack has been sold through and the devaluation of the pound has effectively pushed prices up 20 per cent, so those who do discount on grey market fragrances will have to live

with a smaller profit margin.

David Reiner, managing director of Carven Worth, is attempting to broaden the franchise for his fragrances by reducing the price without losing sight of their classic French fragrance heritage — a difficult balancing act.

This policy has been pursued from the moment he knew he was going to buy the companies in 1990. Pegging fragrances at artificially high prices is damaging the growth of the market, he says.

He perceives a gap in the market from the classic French fragrances down towards the mass market. His move in this direction "has worked very well because it has fallen in line with the way many people are thinking". Sales have risen four-fold in under a year.

Last December he formed the Societe de Parfume de Paris. Je Reviens, Ma Griffe and Worth Pour Homme have been moved under its umbrella. Mr Reiner is intending to acquire other classic fragrances, and is negotiating with several companies at the moment. There is £115 million of sales a year to be made with middle of the range fragrances, he believes.

"We are looking to boost turnover. We are looking to maintain the classic French quality. We are not bringing the product downmarket. We are asking people whether they are being taken for a ride by having to pay over the odds," he says.

The MMC report will produce few changes, Mr Reiner predicts. If Superdrug win their case, the fine fragrance houses will put their trade prices up, and they cannot be forced to

supply goods "they have not got".

This Christmas will not be any different from the last on the High Street, he says, although he does not think that department stores will get involved in discounting to any great extent.

Boots last year moved to protect their market share by discounting on top-selling lines in the weeks before Christmas. They are being coy about their intentions this year, but a similar approach is likely.

Where does all this leave the independent pharmacy with an agency agreement? For those in cities and large towns with discount outlets, life will continue to be difficult. But there is also a suggestion that the fine fragrance houses might be looking at independent outlets in a new light.

Givenchy managing director Peter Norman accepts that it is a sector which has been allowed to slip. He has 350 agencies in independents.

"Pharmacies can provide — maybe not in city centres — but they can provide the distribution link to our target market in all other areas. They have the credibility," he says, suggesting that the MMC investigation is more concerned about small independents than Boots or department stores.

"The public interest can be best looked after, in other words our target market which we are entitled to choose, by a system of limited distribution," he maintains. "It ensures maximum service to retailers and the public and maximum choice. We would encourage retailers to have representation from a competitor."

Mr Norman is another who feels the MMC report will have little immediate impact: "I think the Commission will say that if you are not being even-handed in your distribution policy then you should be."

The outcome might amount to no more than a rap over the knuckles. One response Givenchy might make is to stop providing recommended retail prices.

"But I do not see the end of limited distribution. It will survive and prosper. If we are told to scrap it, the matter would have to be referred to Europe," he says.

Since Givenchy's retailer agreement (which has been used as a blueprint by other fragrance houses) has received official EC approval, the MMC could have difficulty undermining it.

While Superdrug claim their branches are being discriminated against, Mr Norman is adamant that the only branch Givenchy was asked to assess, in Epsom, did not provide the right environment for the company's products.

There, for the moment, the matter rests.

Santa's selection

Christmas Gifts

ed peeks under the
ristmas tree to see
at Santa could be
nging this year



L'Effleur is a fragrance inspired by the Victorian era, reflected in its two Christmas gift lines. A special edition 21ml cologne spray in a gold bottle (£6.95) is available for the Christmas period only, while a boxed presentation of the cologne spray with a heart-shaped cushion will live on after the fairy lights are down. Beauty International Fragrances Ltd. Tel: 0491 833333

Chemist & Druggist 3 JULY 1993



Tribe is a fresh and fruity fragrance for teenage girls. Purple and magenta packaging through the Christmas range reflects the adventurous nature of the Tribe girl. Items include a 10ml PDT spray "croc" pack (£3.49); 15ml PDT with two wooden bangles (£5.99); "Tribal Wave" with PDT spray and two shell-shaped soaps in a Perspex case (£5.99); 30ml PDT spray with Tyrone the Tiger (£7.95); and the "Tribag" with PDT spray and bodymist (£9.95). Beauty International Fragrances. Tel: 0491 833333



Exclamation is targeted at the fun and fashion-conscious young woman. Christmas items reflect the brand's character and many include added value gifts. Highlights of the range are the novelty "snowshaker" with 15ml PDT spray (£4.95) and a 30ml PDT spray with American car soap (£8.95). A 50ml PDT spray with an eight-track Christmas party cassette (£11.95), a 15ml PDT spray with two chunky pens (£5.95) and a shower kit with body spray, body shampoo and flannel (£7.95) complete the line up. Beauty International Fragrances. Tel: 0491 833333



L'Aimant, claimed by Coty to be the UK's leading mid-market fragrance, appears in a variety of coffrets designed to reinforce the quality feel of the brand, and which offer value with significant discounts to single items in the range. Pictured above (clockwise) are novelty PDT spray (£2.99); 15ml PDT spray with six pink notelets (£5.49), or with fragranced soaps (£5.99); talc with fragranced soaps (£5.99); 30 or 50ml PDT spray with talc (£7.95 or £9.95); 30ml PDT spray with talc and creamy skin perfume (£10.95); and 50ml PDT spray with talc, creamy skin perfume and body spray (£14.95). Beauty International Fragrances Ltd. Tel: 0491 833333



Seven vibrantly packaged gift sets from Montagne Jeunesse provide an ecological alternative for Christmas. The sets split into: Travel Treats and Soap Sets (£2.99) with either evening primrose oil moisturiser and cleansing bar, apricot and almond hand lotion and milk and oatmeal, or seaweed and mineral body scrub and soap; Teddy Treats (£3.99) with either ylang ylang shower gel or evening primrose oil moisturiser and a teddy; and Luxury Bath and Soap sets (£4.99) with foam bath and soap in two combinations. Addis Ltd. Tel: 0992 584221 (trade information Laughton & Sons. Tel: 021 436 6633)



The Slazenger Sport travel bag — a sell-out last year — is back again with three locker room essentials: shower gel, antiperspirant deodorant and two-in-one shampoo and conditioner. Presented in a two-tone blue and ridged white fabric, it will retail at £6.99. A compact gift set (£3.99) contains shower gel and body spray. Sara Lee Ltd. Tel: 0753 523971



The Badedas Weekender Bag (£7.99) comes in forest green leather-look material and contains 125ml bath gelee and 125g soap, clearly illustrated on the outer banding. And back by popular demand is the Badedas pop-up bag, free inside product cartons and making them instantly present-able! Badedas Revitalising 900ml has a green bow (£11.39) while 300ml sizes are sold (£5.49). Sara Lee Ltd. Tel: 0753 523971



Potter & Moore's Christmas gift collection is offered in four fragrance ranges: Peach Botanical, Classic Rose, China Blue and Chintz. Each gift set features a re-usable container and prices range from £5.99 to £8.99. The toiletries featured include foam bath, body lotion, shower gel, talc, bath soak and fine soaps. Among the gift sets pictured are the gift wrapped presentation basket (back left, £5.99), the keepsake box (centre, £6.99), the ornamental shell (front centre, £7.99), the deluxe gift box (back centre, £7.99) and the multi-selection basket (right, £8.99). Potter & Moore. Tel: 0733 281000



Two gift lines from Brylcreem Black offer the most popular lines from the range for fashionable males aged 14-24. A travel bag (£5.99) in black with faux leather trim contains shower gel and modelling gel, shown on the wraparound band. A boxed gift set with a clear window (£3.85) offers shower gel and styling gel. Sara Lee Ltd. Tel: 0753 523971



Crabtree & Evelyn are offering a selection of gift boxes for men and women. The Jojoba Tin (above, £15.95) contains soap, bath gel, shampoo, conditioner and talc. A Swiss Soap Selection (£16.95) offers eight different varieties, while the Swiss Almond Gift Box (£17.50) contains bath gel, body lotion and soaps. At the pricier end of the market is the Gardenia Gift Box (£35) with bath gelee, cologne and body lotion, and for men a Gift Box (£34.50) holding aftershave, wooden shave bowl and pure bristle shave brush. A catalogue displaying other lines is available from Crabtree & Evelyn. Tel: 071-603 1611



The gift bag from Fenjal (£6.99) contains two of Fenjal Classic's most popular items — a 45ml moisturising creme bath and the 42g soap. One third of the brand's sales occur during the Christmas period. Sara Lee Ltd. Tel: 0753 523971



Rapport is part of the Fougere family of fragrances and this Christmas will be offering three male gift sets. A 30ml special edition aftershave (£7.95) presented in a burgundy carton makes a good stocking filler. A duo gift set containing aftershave and body spray is available for £11.95 while, at the top of the range, again in a burgundy carton, is an aftershave, talc and anti-perspirant trio for £14.95. This last line will be offered through independent chemists only. All three lines will be available from September. Procter & Gamble (Cosmetics & Fragrances) Ltd. Tel: 081-231 8674

Tisserand are offering two different gift sets this year. A selection from their existing range will be grouped together with some accompaniments in a selection of three caskets, while a range of smart tartan boxes is also available to stockists, to allow them to make up custom-built gift sets of luxury aromatherapy products. Aromatherapy Products Ltd. Tel: 0273 325666



Elida Gibbs are offering gift sets for some of their major male brands this Christmas, all designed to cater for every price range. Four gift sets will be offered from the Lynx portfolio, incorporating a selection of aftershaves, body sprays, razors and shower gel. Brut for Men will be offered in eye-catching sets, complete with a sprig of Christmas holly, while the new Brut Aquatonic range will be available in two high-impact gift sets featuring limited edition Eau de Toilette body spray — a tactic employed for the Hero range as well, which will include a limited edition aftershave with its two gift sets. Finally, Denim will feature in three sets. Elida Gibbs Ltd. Tel: 071-486 1200



Miniaturs tend to be used for promotional support in the UK, but Penton Hall have taken the idea a step further by offering a variety of selections of five miniature fragrances, each a replica in a glass bottle of the original fragrance. There are some 20 sets of female fragrances and five for men (£15.99). They include names like Gucci, Dunhill, Worth, Benetton, Gianni Versace, Hugo Boss, Balmain, Van Cleef & Arpels and Paco Rabane, all sourced direct from the manufacturer. Penton Hall are targeting chemists, perfumeries and department stores. They currently distribute direct to 270 perfumery chemists, but are looking for around 750 outlets by the end of the year. Catalogue available from Penton Hall. Tel: 0628 521070



Woods of Windsor's Christmas Collection is ideal for the pharmacy, says the company, with small neat products which are easy to display and available at a price to suit all pockets. The range includes soaps tins, a ceramic soap dish complete with soap and gift wrapped with a bow, the new range of boxed perfumed bath grains and a "the largest bar of soap in the world" — a 500g luxury pink bath soap in the shape of a rose which comes in a attractive gift box. Larger gift boxes are also available as are a selection of male gift boxes and luxury boxes of pot pourri. Woods of Windsor Ltd. Tel: 0753.855777

This Christmas L'Oreal will be offering a free golden charm bracelet with 50ml eau de parfums Vanderbilt. Trade price will be £13.27, with a retail price of £24.95. L'Oreal. Tel: 071-937 5454



Noir has got Christmas wrapped up for men with a boxed 50ml aftershave and free body shampoo gift pack (£9.95). The shampoo comes from the Les Essentials range, and is being offered alongside the aftershave to appeal to the increasing number of men seeking toiletries to match their fragrance, say Network Management. Tel: 0252 29911

Three from Nina Ricci

Two coffrets are available for the L'Air du Temps fragrance: 6ml parfum, 25ml parfum eau de toilette and 50ml eau de toilette (£45) and 50ml eau de toilette with 100g high perfumed soap (£29.50).

The Nina coffret comprises a 30ml eau de toilette spray and 50ml body cream (£25) while for men Ricci Club offers 50ml eau de toilette spray and 100ml hair and body shampoo (£26).

Sporting Adidas

Beauty International are now marketing Adidas in the UK, and hope to make the range as big a success as other leading Coty brands. Adidas gift sets for this Christmas have a sporting theme. A 50ml aftershave with a soft mini-football (£4.99), and a blue travel bag with aftershave, talc, deo body spray and shower gel (£4.99) are available, while from Adidas Active Bodies comes 50ml aftershave with a soft mini-rugby ball. Last year the

company saw Christmas sales up 60 per cent at their best ever. Beauty International Fragrances. Tel: 0491 833333.

Cassini for women

Encased in a gold patterned box, Cassini's Christmas coffret contains a 30ml eau de toilette spray and 55g dusting powder with a white dusting powder trimmed with a blue satin ribbon (around £33).

At Face Value

Face Values is a cotton pouchette containing five large Vichy trial sizes and a money-off voucher book. Retailing at £3.50, Vichy see it as stocking filler, providing an introduction to their skin care range. The pouchettes are available from October for November delivery in multiples of six, with merchandising support. Cosmetique Active Ltd. Tel: 0235 526747.

Stocking filler

Cachet are offering a cracker of a stocking filler! A 10ml eau de toilette spray comes inside the cracker (£3.29) decorated in the brand colours of purple, lilac and yellow. The crackers are presented in display trays of six. Network Management. Tel: 0252 29911.

Weleda bath milks

For Christmas Weleda are planning a two for one promotion on their range of four fragrant bath milks (£5.75). For an order of six bath milks, retailers will receive another outer of six free. Weleda Ltd. Tel: 0602 309319.



Roger & Gallet are offering a range of gift sets for the Christmas market. The coffrets will be presented and delivered in a merchandiser unit containing six soap gift sets, with a retail price of £8.50. Sanofi Beaute (U.K.) Ltd. Tel: 0923 235022



Bronnley's seasonal gift range is drawn from the Almond Oil range this year. The oil does not add fragrance but is used for its moisturising qualities. The range features soaps, bath foam, oil and crystals, talc and hand and body lotions. A variety of gift lines are available ranging from a "two bottle cracker" (£2.50, outers of 18) to a basket at £39.95. In the mid-range, a lidded and drawer coffret with bath foam, moisturiser, talc, soaps and a face cloth retails at £19.95, while a tin containing victorian soap and bath foam is £7.95. A counter merchandiser (£61.50 trade) offers four varieties of boxed soaps (£3.50 to £6.25). H. Bronnley & Co Ltd. Tel: 0280 702291



A classic gentleman's watch will be bound together with a 100ml EDT of Caractère in a special presentation box from L'Oreal. Tel: 071-937 5454

Life for a locum is not so rosy

I read with interest Xrayser's comments on the lack of good locums and the relationship between locum rates of pay and managerial salaries (C&D June 19). Perhaps I could elaborate from my own experience.

About five years ago, the firm for which I managed a small pharmacy was taken over so I decided to try to make my living as a locum pharmacist. As I get plenty of repeat bookings, I hope I may be allowed to consider myself a good locum, but my income could at best be described as adequate.

The current accepted locum rate is £11 per hour and, out of his/her fees, the locum has to meet all expenses: pension, holidays, transport, protective clothing and so on, and is paid only for hours actually worked.

Although I am usually given a discount on personal purchases wherever I happen to be working, there are few other "perks" for locums. Many times I have seen a rep enter the pharmacy bearing gifts — free pens, notepads and such — only to carry them away again on learning that the usual pharmacist is on holiday. Nor do manufacturers seem to hold competitions open to locums.

If I allow myself four weeks' holiday, and knock off two weeks to cover bank holidays: this leaves 46 weeks in the year to work. So for a 40-hour week my potential annual earnings could be $40 \times £11 \times 46$ — approximately £20,000 per annum or, for a 35-hour week, which my wife tells me is considered full-time in office work, about £17,000 per annum. In reality I have never earned anything near these sums.

At present my diary is almost full of engagements until the end of September, but after that it is almost blank.

The following is a record of days since last October when no locum work was available in my area. (I am willing to travel up to around 30 miles).

October 1992: 10 days
November: seven days (and 14 days' holiday)
December: 14 days
January 1993: 13 days
February: nine days
March: three days
May: nine days

These dates do not include Saturdays, Sundays or Bank Holidays. So, in effect, I had the equivalent of three months' involuntary holiday. Other years have been similar.

Fortunately our home is paid for, our children are grown up and my wife also works. We live in reasonable comfort and allow ourselves a modest luxury from time to time. However, if I were younger with a dependent

family and/or mortgage, life as a locum would too uncertain and I would have to seek the security of a permanent post.

Hopefully, any proprietor or manager who has read this far will now realise that we locums have to live in the Winter as well — we don't all hibernate. Having found a good locum, please give him or her some support, such as employment in the off-season, not just the Summer.

Why not get hold of a Winter sun brochure and start now to plan a holiday. Give yourself a well-earned break and provide your locum with some much-needed Winter employment.

Philip Crabtree
Huddersfield

Putting the Boots into Sainsbury

Having read of the intention of opening Boots branches in Sainsbury and having seen evidence of the commencement of such in branches at St Albans and Hemel Hempstead, I offer my comments and a protest.

I know that Boots and Sainsbury have co-operated in many trading arrangements over the years, having worked for both companies in the past. But I feel this move will make Boots even more unpopular than they already are, and give

Sainsbury an unpopularity which they have not had in the past. It will be misleading for the customers as they will not be able to have their NHS prescriptions dispensed (which is always associated with Boots), and will render them confused.

The move will also prove unpopular with private pharmacies, particularly those nearest to the sites involved. They will see it as a "wedge" by Boots to gain an NHS dispensing contract to their disadvantage. Boots may also try the back door method of trying to gain prescriptions by "bussing" prescriptions to the nearest Boots NHS branch: a system they have used in London in the past.

Medicines are not ordinary pieces of merchandise, like tins of beans or cartons of milk, but they are all potentially harmful if not sold and taken correctly.

Only pharmacies can offer the proper controls and advice so that medicines can be safely used by the public. Only pharmacies have sales staff specially trained in medicines; only pharmacies have a pharmacist present to offer assistance and advice and to intervene when a sale is felt to be inappropriate. Several supermarkets have tried to fill this gap by opening in-store pharmacies, but this has usually been to the disadvantage of local private pharmacies.

I feel it would not be

appropriate, at this stage, to withdraw my patronage of Sainsbury, but shall closely monitor the situation both.

S J Barton
London Colney

Zovirax profit margin 'derisory'

I hail the availability of OTC Zovirax cream to my armoury in the treatment of minor ailments without the need for a prescription from a doctor.

But I am somewhat disgusted at the profit margin of 28 per cent profit on return from list to retail offered by Wellcome. This derisory margin does not recognise the professional input I will have to make on each sale.

Is this a dawning of a new era from Wellcome, who have traditionally offered 33 per cent as a minimum on their pharmacy-only range, and are we to see similar reduction in margins on their Calpol, Sudafed and Actifed ranges in the near future?

Ajay Patel
London N13

Zovirax: Last week the headline on the letter about Zovirax Cream should have read "Smack on the lips for Wellcome". See p12 this week for the full product story.

Chemex Corner

A natural way to boost your profits

CHEMEX EXHIBITION



12-13 SEPTEMBER 1993
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discovered by Australian aborigines, will also be seen on a number of stands, including Thursday Plantation, Tisserand Aromatherapy and Lothian Herbs.

Natural beauty and health specialists Bio Concepts follow the natural remedies emphasis with their Formula B

Homoeopathic and natural remedy manufacturers will be out in force at Chemex this year, giving visitors the opportunity to capitalise on a booming public interest area.

As Potters' managing director Tony Hampson emphasises: "The strengthened licensing system means customers can have confidence that genuine herbal medicines are pure, safe and effective."

"Doctors who contact us are increasingly interested in prescribing and recommending these products."

A touch of the Wild West will be seen on the Healthlife stand, as they use cowboys and indians as their theme to emphasise the fact that evening primrose oil has been used by American indians for hundreds of years.

And they will be giving away over £50,000 worth of their brand of evening primrose oil.

Moving across the globe, tea tree oil, the natural antiseptic which can be used to treat a wide range of health problems,

aromatherapy skin care range for problem skin and their three-day phytotherapy detox diet Bio-Light.

Other natural remedies and alternative health appliances and manufacturers on show will include Atlantis International's portable Pro-Shiatsu Massager, a modern electrical way of simulating the ancient oriental art of Shiatsu massage; homoeopathic medicines, natural medicines and natural toiletries from Weleda; Healthcraft's range of vitamins and minerals; Tropicana World's sports and fitness food supplements; Vitabiotic's drug-free supplements; and Honey Rose's herbal cigarettes which are made from fine herbs matured in a blend of fruit juices and honey, and are completely nicotine-free.

This year, free parking will be available for the first time to all visitors to the show, to be held on the 12-13 September. Ticket reservations can be made on **081-302 7015**.

Colourcare blights LIG's numbers

The Colourcare photoprocessing operation is the black spot in otherwise good looking figures from the London International Group.

LIG argue that the difficulties of Colourcare reflect the problems of the whole of the photographic industry: "Reduced consumer spending has led to a continuing fall in the number of films processed. This in turn has led to overcapacity and to significant price pressures on the market."

The photoprocessing operation made an operating loss of £3.9

Sales up 4.5pc to £416m
Pre-tax profit down 21pc to £32.5m
EPS down 22pc to 13.02p
Total dividend 9.45p

million, due to price pressures rather than a reduction in the number of films processed.

By contrast, the health and personal products division produced an operating profit up 20 per cent to £51.4m. This division accounts for 90 per cent of the group's operating assets.

Last year the company's share of the world branded condom market grew 35 per cent, while the use of Biogel gloves by surgeons continues to grow.

For the company as a whole pre-tax profits before exceptional items were down from £39.4m to £32.5m, despite the fact that sales have increased from £398.1m to £416m.

Earnings per share before reorganisational and plant closure exceptional items were down from 16.68p to 13.02p. The final dividend has been maintained at 6.25p.

Expanded role for Alan Horgan

Alan Horgan has been appointed managing director of Boots Pharmaceuticals Ltd, the UK subsidiary of Boots Pharmaceuticals. He was formerly BPL's general manager. In his new role, his territory expands to take in Ireland as well as Britain.

Mr Horgan joined Boots from Bristol Myers Squibb in February 1991 and was responsible for establishing BPL as a distinct operation within Boots.

No to audits

Statutory audits should be abolished for companies with a turnover below the VAT threshold of £37,600, says the British Chambers of Commerce.

Fill your Boots

Boots chief executive Sir James Blyth had an 8.5 per cent salary increase last year. He was paid £620,000, says the company's annual report.

Zeneca opening

Zeneca have officially opened their £12m tabletting factory in Macclesfield. It is planned to be on-stream by September for Tenormin and Inderal.

Whitehall in Berks

Whitehall Laboratories are relocating to: Huntercombe Lane South, Taplow, Maidenhead, Berkshire SL6 0PH. Tel: 0628 669011; fax: 0628 669846.

Badham Chemists switch to Channel software

Badham Chemists of Cheltenham have decided to replace the Unipos software on their Epos system with Channel Business Systems' software — and Unichem are picking up the tab.

Badham say they were left with an "unsupportable" system when the Unipos supplier RDS stopped trading. In fact, according to Badham's computing director, Peter Badham, the Unipos system never worked properly.

"The Unipos system was due to be up and running by June 1992, but it has never been fully operational."

It seems the system was running well in all six branches,

but warehouse and head office systems were never completed.

Mr Badham told C&D: "Unichem suggested John Richardson for the software, but our computer adviser recommended Channel Business Systems."

"Unichem are going to pay for the changeover and have agreed to support the Channel system on our behalf."

"The contract continues with them as before. They are contractually obliged to provide us with an Epos system."

The Channel system will be tested at the six-branch Badham chain on July 12 and the full system installed soon afterwards.

Further curbs on AZT may be accepted

The USA's National Institute of Allergy and Infectious Diseases (NIAID) has released preliminary recommendations which would curb the use of AZT on some asymptomatic HIV patients.

NIAID's previous position was that, when CD4+T cells in the immune system fall to about half their normal level of 500 per cubic mm, the drug could be used.

The suggested new guidelines emphasise that the choice of acceptance or not of AZT treatment should rest with the patient. They recommend:

- for asymptomatic patients whose CD4+T cell counts are between 200 and 500 per cubic mm, the option of continued observation should be considered as an alternative to AZT therapy
- only if the blood count drops below 200 per cubic mm should the treatment definitely begin.

NIAID is an influential body in American healthcare and their preliminary recommendations are expected to carry weight within medical practice. But these are still recommendations, not yet either federal or even NIAID policy. Wellcome's share price fell 10p on the news.

Meanwhile a court case has started over Wellcome's patent rights to AZT. The defendants are two US generics companies, Barr Laboratories and Novopharm.

Tagamet to go POM to P next year?

Smithkline Beecham's core strategy of "managing the molecule" from POM to P to GSL should be brought to fruition next year when Tagamet is expected to move from POM to P.

SB general manager of Consumer Healthcare UK John Clarke says he hopes Tagamet will be licensed for OTC sale in the UK next year. The application to the Medicines Control Agency is in and the consultation underway. The three biggest switch markets for the company are the US, the UK and Japan.

Other POM to P targets for SB are Bactroban, and Nicorette, Seldane and Naprosyn through partnership with Merrell Dow.

Mr Clarke says that OTCs now take 20 per cent of the UK medicines market: "Expectations are that this will grow by 30 per cent in the next three years."

Mr Clarke says SB's strategy is to become world leader in science-based consumer healthcare within ten years through utilisation of the company's technology and marketing skills.

Key to this is the company's £440 million annual investment in R&D, the acquisition of brands such as Corsodyl, the partnerships with companies like Marion Merrell Dow, and the POM to P changes which the company expects to achieve.

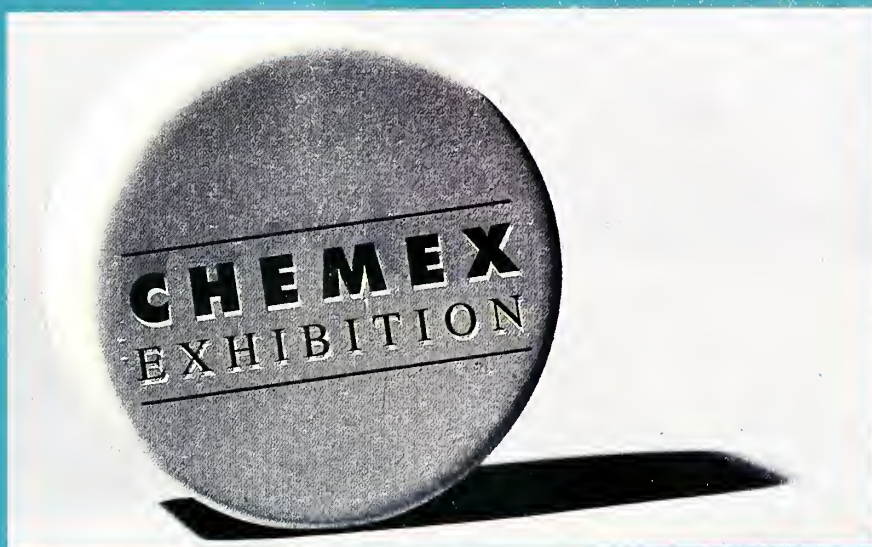
"We shall concentrate our resources on products with worldwide potential. Through category management in gastro-intestinal, upper respiratory tract, oral care, dermatologicals and health drinks, we will be able to deliver innovative products with real consumer benefits."

Lloyds in the vanguard of immunisation

Lloyds Chemists have signed a contract to take 26 refrigerated vans. The company plans to use the vehicles to meet its NHS vaccine distribution agreements.

Distribution director Bill Jack said: "We need 21 vans for Farillon after we were awarded the contract to distribute vaccines for the national Childhood Immunisation Programme. We may be doing more business with Leyland Daf in the future."

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 • Laughton & Sons Ltd
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 • Napp Laboratories

• Narhex Australia Pty Ltd
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 • Rimmel International Ltd
 • Simpkin A L & Co Ltd
 • Simple Software
 • Spectrum Consumer Products

• Starion Cosmetics Ltd
 • Sterwin Medicines
 • Surgi-Chem
 • The Leyland & Birmingham
 Rubber Company
 • Thermos Ltd
 • Thursday Plantation
 • Timesco
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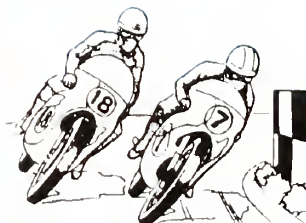
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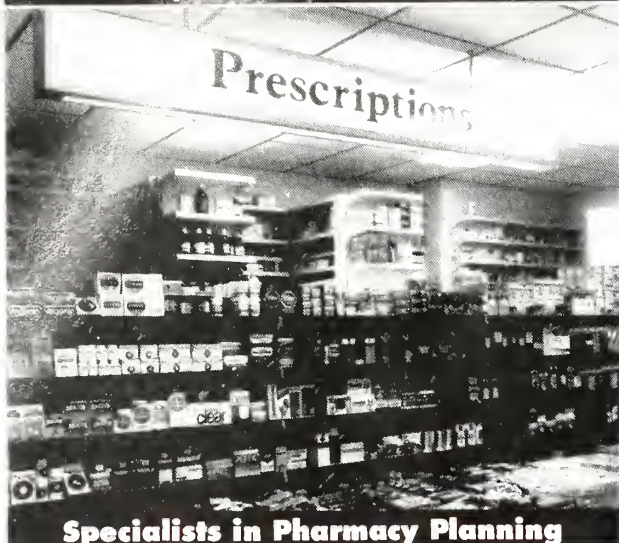


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TRADE LESS 40%+VAT - 70 Tabs Inderal 160mg, 9 Inj Modocate 25mg, 10 Inj Monoparin 5000 units/0.2ml, 17 Hepsal Inj 50 units/5ml, 40 tabs Imuran 25mg,

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FOR SALE

PHARMACEUTICAL ANTIQUES - Martindale 21st (1938), 22nd (1941) 25th, 26th, 27th, 29th & 30th, C&D Dictionary of Synonyms, C&D Pharmaceutical Botany, C&D Pharmaceutical Formulas Vols 1 & 2, Rolls razor (in box). Tel: 081 262 8852.

SHOPFITTING - Chemist counter, perfumery counters and extensive excellent quality shelving - price negotiable. Tel: 0222 484851.

VENALINK SYSTEM - complete including triple heat sealer cost over 1,500 - any offer around 900 accepted. Tel: 061 428 3047.

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Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to Chemist & Druggist. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form below.

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To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

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Aboutpeople

Ram-raid makes third break-in

Ram-raiders have struck again, this time at Vantage Chemist in Worle, near Weston-Super-Mare. They got away with £250 worth of perfumes and aftershave, but the replacement of the doors they smashed cost twice that much, according to pharmacy manager Pamela Warner.

The pharmacy is situated in a precinct near a pub and when the raiders struck at 10.15pm many people leaving the pub saw the incident and took details of the car. However the police have still to trace the vehicle.

More security is now being called for following the ram-raid and two previous break-ins in the past eight months. First the lock was picked, then a boulder was put through the front window and now the ram-raid.

"I have been at this shop for nine years and on average have been called out once a year," said Mrs Warner, "but now I have been called out three times in eight months."

Sainsbury, adjacent to the pharmacy, are refusing to allow bollards to be put in front of the pharmacy as they say it will block emergency services getting through. Extra locks have been fitted to the premises but AAH are still considering whether to put up shutters, said Mrs Warner.



Ken Patterson, a sales representative with LRC Products, takes the reins on their stage coach at the AAH Trade Show last weekend



Retiring PAGB president John Ball receives the Cuxson Gerrard foot from PAGB's Katie Fitzsimmon to mark his two-year term of foot-loose office

AAH push the boat out too

AAH are sponsoring a Canalside Celebration on August 14 at Llangollen.

With the help of the Vale of Llangollen Canal Boat Trust, two narrowboats are now available for handicapped people to cruise the canal.

The boats have been specially designed for the needs of the handicapped, and include a hydraulic ramp. The Trust make no charge for the use of the boats.

The Canalside Celebration marks the tenth anniversary of the Trust with a barbecue and music at the Bryn Howel Hotel in Llangollen. The narrowboats, named *Myfanwy* and *Glas-y-Dorlan* will be moored near the hotel.

Appointments

Five retiring members of the Society's Scottish department have been re-elected to the Executive along with **Dr G. Butchart** of Buckhaven, Fife, **Mrs P. Duncan** and **Mr D. Bolton** were unanimously re-elected chairman and vice-chairman respectively. **Mr I. Caldwell** and **Mrs C. Glover** are ex-officio members of the Executive. **Dr J. Johnson**, an academic pharmacist from Glasgow, will serve as a co-opted member following Mr Caldwell's election to Council.

Chris Robinson, Northumberland FHSA chairman, takes over from Bill Darling as NAHAT chairman.

The British Aerosol Manufacturers' Association elected **Patrick Cooney**, of Unilever, as the new chairman.

Dr Ian McMillan joins Scherer DDS as business development manager.

The new Vantage representative for the AAH Edinburgh branch is **Lesley Duncan**.

Marketing manager for the Health and Diet Company is **Janet Rees**.

Terry Corrigan is the new UK marketing director for Helene Curtis.



Mr Tony Lofthouse, chairman of Lofthouse of Fleetwood, and his wife Doreen, managing director, with the new *Fisherman's Friend* lifeboat

Fisherman's Friend lifeboat

Lofthouse of Fleetwood named a 38ft Mersey class lifeboat after their Fisherman's Friend lozenges following a two-year appeal to fund the boat.

A substantial amount of the £650,000 cost came from donations on every pack of Fisherman's Friend lozenges.

The Lofthouse family are keen supporters of the Royal National Lifeboat Institute, and decided to launch the appeal at the London Boat Show in January 1990. The lifeboat forms part of the RNLI's relief fleet providing cover when the usual station lifeboats are away for survey or repair.

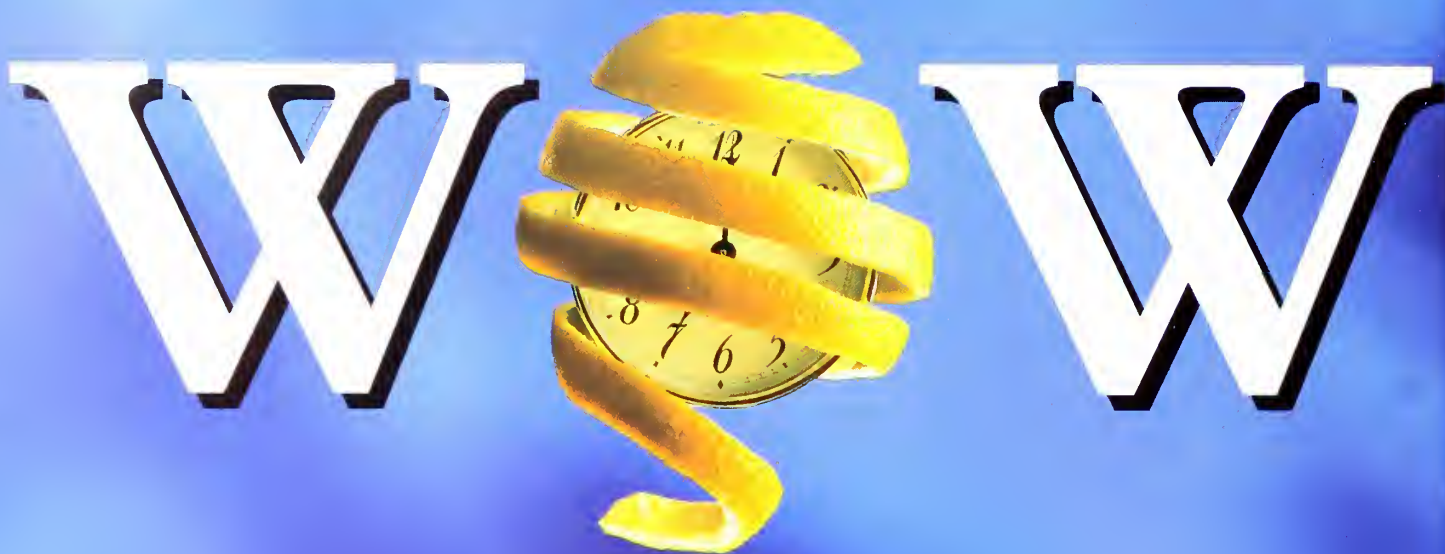
Get ready for a swarm.



takes the
Sting
out of being stung

(Major consumer press campaign starts this month.)

• **Active Ingredient:** Mepyromine Maleate 2% w/w • **Indication:** Symptomatic relief of insect stings and bites, and nettle rash • **Dosage - Adults, Elderly and Children:** Apply topically two or three times a day for up to three days to the affected parts. Early application is essential to obtain the best response • **Contra-indications:** Do not use in eczematous conditions or on extensively broken skin • **Precautions:** Repeated application for periods longer than a few days is not recommended and treatment should discontinue immediately if skin sensitisation occurs • **Side Effects:** Rarely, skin sensitisation • **Presentation:** Off white cream in 25g tubes. Price £2.39 • **Legal Category:** P Product Licence No. PL0012/5103R Moy and Boker Ltd, Dogenhom, Essex, RM10 7XS



Fybogel Orange as never experienced before

We have to admit it, when we got the taste-test results we were amazed. We had expected there to be some improvement, but not quite this much.

The taste-tests revealed that new formulation Fybogel Orange was not only the best-liked flavoured fibre product for fruitiness, aftertaste and drinkability, but also the best-liked flavoured fibre product overall.¹

Needless to say we're delighted with the improvements and we expect your customers will be too. And, of course, you can still rely on Fybogel Orange to keep your customers regular customers.

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FYBOGEL PHARMACY PRESCRIBING INFORMATION **Indications:** Conditions requiring a high-fibre regimen. **Dosage and Administration:** (To be taken in water) Adults and children over 12 One sachet morning and evening. Children 6-12 years Half to one level 5ml spoonful depending on age and size, morning and evening. Children under 6 years To be taken only on medical advice. **Contra-indications, Warning, etc:** Fybogel is contra-indicated in cases of intestinal obstruction and

colonic atony. Each sachet contains 3.5g Ispaghula husk BP. **RSP Price:** 10 Sachets £1.25, Eire 79p. **PL NO.:** Fybogel 0044/0041, **Irish PA** 27/2/1, Fybogel Orange 0044/0068, **Irish PA** 27/2/2. Reckitt & Colman Products Ltd, Hull, HU8 7DS, from whom further information is available. Fybogel, Fybogel Orange, and the sword and circle are trademarks of Reckitt & Colman Products Ltd. **Reference:** 1 Market Research Report, R&C Report No. 9293, Data on file, 1992.